CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

DATA THROUGH FISCAL YEAR 2014

NOVEMBER 2015

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INDUSTRY OVERVIEW

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About this brief

This brief presents an overview of the Massachusetts hospital industry, using metrics from fiscal year (FY) 2014. This brief accompanies individual hospital profiles, a databook, and a chartbook. This is the third update in the series. Prior hospital profiles presented data from FY2012 and FY2013.

For detailed descriptions of the metrics mentioned in this brief, please see the technical appendix.

Overview of the Massachusetts Hospital Industry

In FY2014[1], there were a total of 94 hospitals in Massachusetts, including 67 acute hospitals and 27 non-acute hospitals. Of these hospitals, 64%, or 60 hospitals, are non-profit or public, and 68%, or 64 hospitals, are part of a multi-hospital system. There is one municipally owned hospital in the Commonwealth, Cambridge Health Alliance.

During FY2014, there were a number of key transactions in the industry:

- In January 2014, Jordan Hospital was acquired by Beth Israel Deaconess and became Beth Israel Deaconess-Plymouth;
- In March 2014, North Adams Regional Hospital closed, later converting to a satellite emergency facility of Berkshire Medical Center;
- In July 2014, Winchester Hospital joined the Lahey Health system;
- In August 2014, Merrimack Valley Hospital merged with Holy Family Hospital and became Holy Family Hospital at Merrimack Valley;
- In September 2014, Wing Memorial was sold by UMass Memorial Health Care to Baystate Health Systems

For this publication, CHIA assigned each acute hospital to a cohort of similar hospitals: academic medical centers (AMCs), teaching hospitals, community hospitals, and community-Disproportionate Share Hospitals (DSH).[2,3] For non-acute hospitals, the cohorts are defined by services provided, and include: psychiatric, rehabilitation, and chronic care hospitals. Specialty acute and non-acute hospitals are not identified with a distinct cohort. While CHIA has included profiles for both acute and non-acute hospitals, the remainder of this brief will focus primarily on acute hospitals.

[1] Year ending September 30, 2014.

[2] A Disproportionate Share Hospital (DSH) is defined in M.G.L. c. 6D, Section 1 as a hospital with a minimum of 63% of patient charges attributed to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

[3] For definitions of each cohort and hospitals assigned to each cohort, see the technical appendix.

Hospital Utilization

Statewide inpatient discharges continued to decline for the third consecutive year. Between FY2010 and FY2014, inpatient discharges declined by 8%, and between FY2013 and FY2014, discharges declined by 2.6%. Community hospitals had an 11% decrease in discharges between FY2010 and FY2014, the largest decline among all cohorts. Total discharges at teaching hospitals remained flat between FY2010 and FY2014. The teaching hospital cohort is the only cohort that saw no declines in total discharges between FY2010 and FY2014.

Inpatient occupancy rates, which show what percent of a hospital's staffed beds were filled over the course of the year, have increased statewide, from a median of 66% in FY2013 to 68% in FY2014. AMCs had the highest median occupancy rate in FY2014, of 80%, and community hospitals had the lowest occupancy rate during the same period, of 61%.

While inpatient discharges have been declining, statewide outpatient visit trends have remained relatively unchanged between FY2010 and FY2014. There have been differences in trends among cohorts, however. Teaching hospitals saw the largest increase in outpatient visits, increasing by 6% between FY2010 and FY2014. Community-DSH hospitals saw the largest decrease, 3.6%, for the same time period.

Hospital Payer Mix and Relative Prices

There were no significant changes in hospital payer mix statistics between FY2013 and FY2014. Public payers, including Medicare, Medicaid, and other state and federal programs, accounted for 62% of acute hospital gross revenue in FY2014. Community hospitals had the lowest amount of public payer share among all the cohorts, of 54%. By definition, community-DSH hospitals are most dependent on public payers, which accounted for 69% of their gross revenue in FY2014.

Consistent with prior year findings, AMCs and teaching hospitals have the highest relative commercial payer prices. Based on calendar year 2014 data collected by CHIA, AMCs had the highest average composite relative price percentile, the 74th percentile. Community-DSH hospitals had the lowest average composite relative price percentile, the 44th percentile.

Quality of Care

The quality measures included in the individual acute hospital profiles were selected from the Commonwealth's Standard Quality Measure Set. Five measures of acute hospital quality are included: all-payer, all-cause unplanned 30-day hospital readmission; rate of early elective deliveries; and three measures of health care-associated infections: central line-associated bloodstream infection, catheter-associated urinary tract infections (CAUTI), and surgical site infection for colon surgery. These measures are hospital-specific quality indicators; the data are reported by hospitals to the Centers for Medicare and Medicaid Services and the Leapfrog Group.

Statewide, unplanned hospital readmissions improved slightly from 15.9% in 2011 to 15.0% in 2013. Across hospitals, rates ranged from 11.8% at the highest performing, non-specialty hospital, to 18.6% at the lowest performing hospital. In 2013, some Massachusetts hospitals under-performed on certain measures of health care-associated infections, notably CAUTI and hospital-onset *C. difficile*. Early elective deliveries are non-medically necessary cesarean or induced deliveries prior to 39 weeks gestation. Between 2011 and 2013, the range in the rates of early elective deliveries between Massachusetts' highest and lowest performing acute hospitals decreased substantially, from 38 percentage points in 2011-2012 to five percentage points in 2012-2013. However, in 2014-2015 the range of hospital performance broadened again to 13 percentage points.

Hospital Costs and Revenue

Between FY2010 and FY2014, the statewide average inpatient revenue per discharge increased by 7.6%.[4] Among the hospital cohorts, community hospitals had the largest growth during this period, 14.0%, while teaching hospitals saw a decline of 1.6% between FY2010 and FY2014.

In contrast, the rate of adjusted inpatient cost growth was lower than the inpatient revenue growth for this period. The statewide average increase in the adjusted inpatient cost per discharge was 3.9% between FY2010 and FY2014, and 1.9% between FY2013 and FY2014.[5] Community-DSH hospitals had the largest increase between FY2010 and FY2014, of 6.1%, while teaching hospitals saw a 2.5% decline over the same period. AMCs had average adjusted inpatient costs per discharge that were 13% higher than the statewide average in FY2014.

Total hospital outpatient revenue increased by an average of 9.2% between FY2010 and FY2014. AMCs had the largest increase over this period, of 10.3%, while community hospitals had the lowest rate of increase, 2.6%.

Hospital Financial Performance

Acute hospitals saw little change in their financial performance between FY2013 and FY2014. The statewide[6] median total margin in FY2013 and FY2014 was 4.2%. Operating margins, which reflect loss or gains from patient care activities, improved slightly statewide, from 2.1% in FY2013 to 2.4% in FY2014.

Among the cohorts, teaching hospitals experienced the strongest financial performance in FY2014, with a median total margin of 8.2%, and a median operating margin of 5.6%. Teaching hospitals and AMCs accounted for 68% of the statewide surplus in FY2014. Community hospitals had the lowest margins among the cohorts, with a total margin of 2.9% and an operating margin of 1.3%. In FY2014, only seven non-specialty hospitals had total margins below 0%.

Multi-Acute Hospital System Financial Performance

Data from the most recent fiscal year available to CHIA shows that the nine multi-acute hospital systems profiled in this publication generated $22.7 billion in operating revenue, and all but one generated a profit. Performance of these systems declined from the previous year but remained strong as they generated a 4.7% median total margin, down from 5.4%. While acute hospitals accounted for a sizeable portion of revenue within each system, each system contained a variety of other organizations. Some included non-acute hospitals, physician organizations, and health plans, among other types of entities. The specific types of organizations within each system are displayed on the individual system profiles included in this publication.

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[4] Discharges refer to casemix-adjusted discharges (CMADs). Using CMADs adjusts for higher revenue that is attributable to more complex cases, and enables a more standardized comparison among hospital cohorts.

[5] Inpatient cost per discharge uses casemix-adjusted discharges. In addition, the cost figure was adjusted to exclude direct medical education and physician compensation expenses, which occur only at some hospitals. Statewide average figures do not include specialty hospitals.

[6] Includes acute Kindred Hospitals and Shriners Hospitals for Children.

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MASSACHUSETTS HOSPITAL PROFILES

CHARTBOOK

DATA THROUGH FISCAL YEAR 2014

NOVEMBER 2015

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Number of Massachusetts Hospitals by System Affiliation and Profit Status

- 68% of hospitals are part of multi-hospital systems
- 36% of hospitals are for-profit hospitals

Category	Acute Non-Profit or Public	Acute For-Profit	Non-Acute Non-Profit	Non-Acute For-Profit	TOTAL
Multi-Hospital System	33	14	5	12	**64**
Individual Hospitals	20	0	2	8	**30**
TOTAL	**53**	**14**	**7**	**20**	**94**

Top Discharges Statewide (by Diagnostic Group)

Normal neonate births were the most common reasons for inpatient admissions in FY2014.

Rank	DRG	Description	Discharges*	% Total Discharges
1	640	Normal neonate birth	63,137	8%
2	560	Vaginal delivery	46,897	6%
3	720	Septicemia & disseminated infections	26,573	3%
4	540	Cesarean delivery	22,109	3%
5	194	Heart failure	21,995	3%
6	139	Other pneumonia	17,546	2%
7	302	Knee joint replacement	16,100	2%
8	140	Chronic obstructive pulmonary disease	15,904	2%
9	383	Cellulitis & other bacterial skin infections	13,643	2%
10	301	Hip joint replacement	13,115	2%
		All other Cases	528,466	67%
		Total Discharges	**785,485**	**100%**

Data Source: Hospital Discharge Database (HDD)

Note: Total discharges reported by hospitals in the HDD may vary from total discharges reported by hospitals in the Hospital 403 Cost Reports. See the technical appendix for more information.

* Discharge data does not include the acute care Kindred Hospitals as HDD data was not available for these hospitals.

Median Occupancy Rates by Cohort

Median occupancy rates decreased for academic medical centers, community hospitals, and community-DSH hospitals between FY2013 and FY2014, while median occupancy rates remained the same for teaching hospitals.

Cohort	FY2013 Occupancy Rate	FY2014 Occupancy Rate
Academic Medical Center	84%	80%
Teaching	71%	71%
Community	63%	61%
Community-DSH	64%	63%
Specialty Hospitals	63%	64%

Data Source: Hospital 403 Cost Reports

Discharges by Cohort

- Total hospital discharges declined 8% from FY2010 to FY2014
- With the exception of the teaching hospital cohort, inpatient discharges declined in each cohort from FY2010 to FY2014

Cohort	Number of Hospitals	FY2010 Discharges	FY2013 Discharges	FY2014 Discharges	% of Statewide Discharges in FY14	% Change, FY2010-2014	% Change, FY2013-2014
Academic Medical Center	6	241,043	224,757	219,458	28%	-9.0%	-2.4%
Teaching	9	145,438	144,473	145,592	18%	0.1%	0.8%
Community	14	159,760	146,557	141,874	18%	-11.2%	-3.2%
Community-DSH	30	285,845	270,718	258,382	33%	-9.6%	-4.6%
Specialty Hospitals	8	28,828	27,013	26,876	3%	-6.8%	-0.5%
TOTAL STATEWIDE	**67**	**860,914**	**813,518**	**792,182**	**100%**	**-8.0%**	**-2.6%**

Data Source: Hospital 403 Cost Reports

Note: Total discharges reported by hospitals in the Hospital 403 Cost Reports may vary from total discharges reported by hospitals in the Hospital Discharge Database (HDD). See the technical appendix for more information.

Change in Outpatient Visits, by Cohort

Median outpatient visits increased at the academic medical center and teaching hospital cohorts, while they decreased at community and community-DSH hospital cohorts.

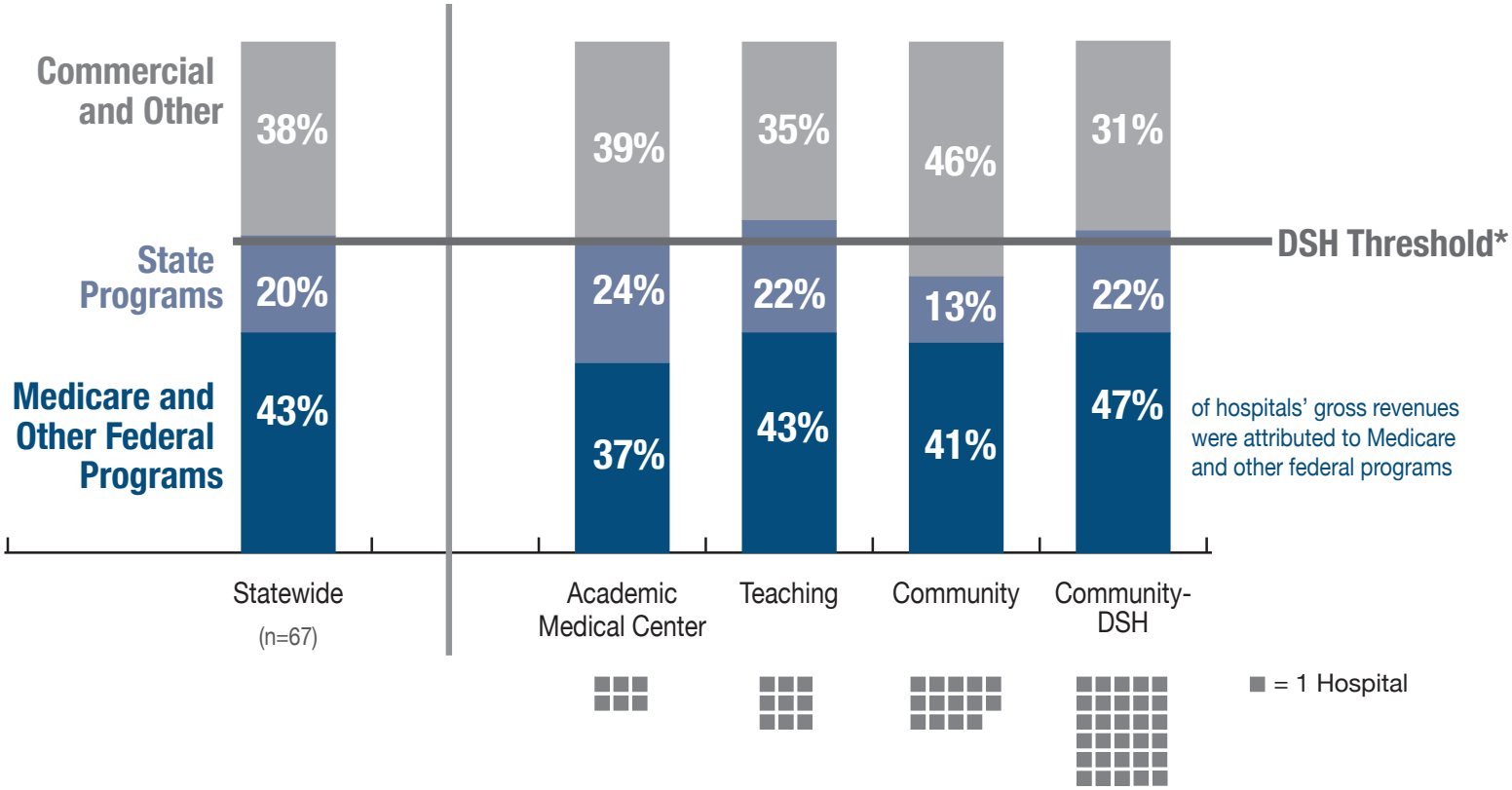
Cohort	Median % Change in Outpatient Visits - Cumulative from FY2010			
	FY2010-FY2011	FY2010-FY2012	FY2010-FY2013	FY2010-FY2014
Academic Medical Center	1.5%	3.9%	2.4%	3.2%
Teaching	-0.1%	5.7%	4.0%	6.0%
Community	-1.1%	-2.1%	-1.8%	-1.5%
Community-DSH	-1.3%	-0.5%	-2.9%	-3.6%
Specialty Hospitals*	1.9%	3.5%	4.8%	4.8%
TOTAL STATEWIDE	**-0.4%**	**1.9%**	**0.2%**	**-0.3%**

Data Source: Hospital 403 Cost Reports

* Shriners Hospitals for Children were not included in this analysis.

FY2014 Payer Mix

Community-DSH and teaching hospitals had the highest share of public payer mix.

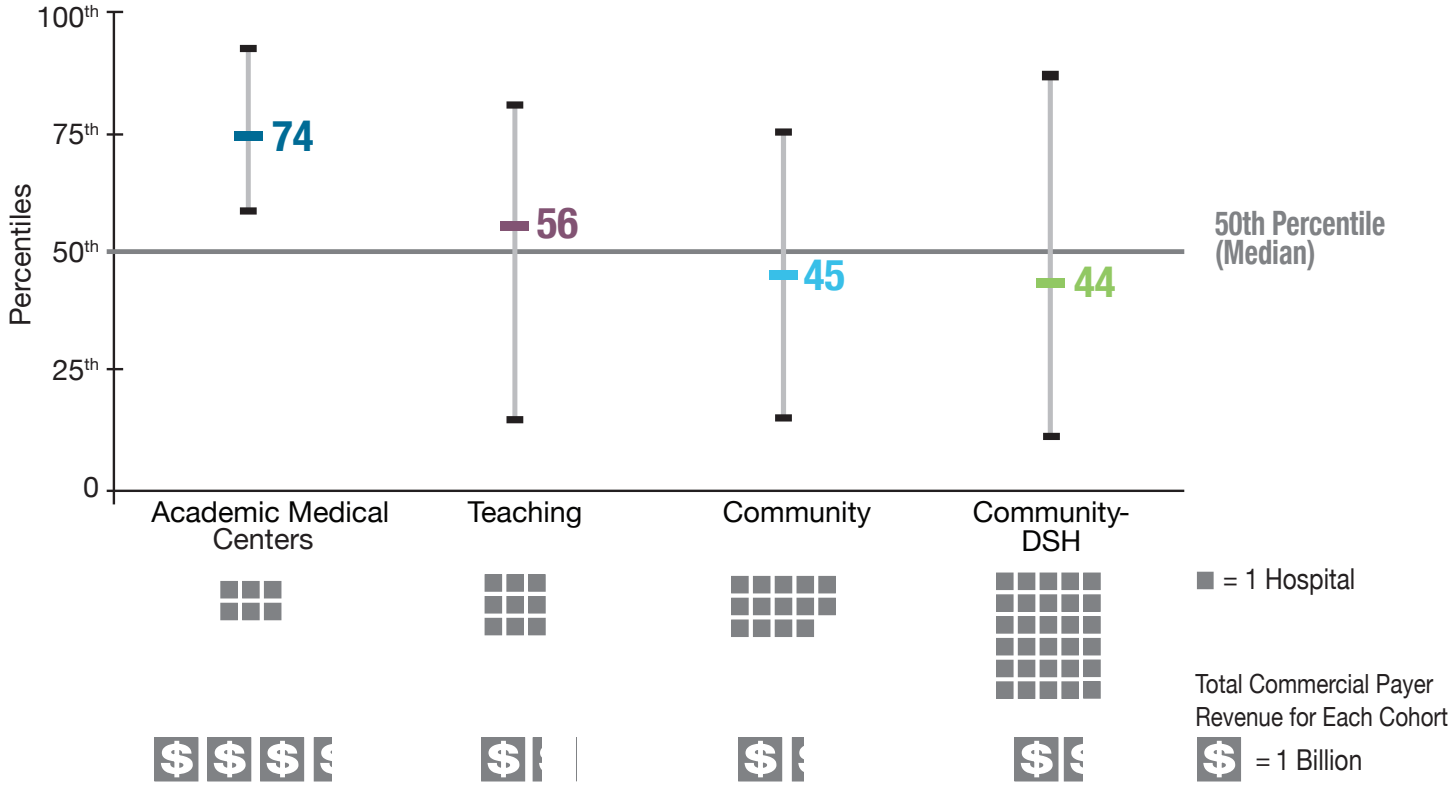


Data Source: Hospital 403 Cost Reports

* Hospitals have DSH status if they have 63% or more of gross revenues (GPSR) attributable to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

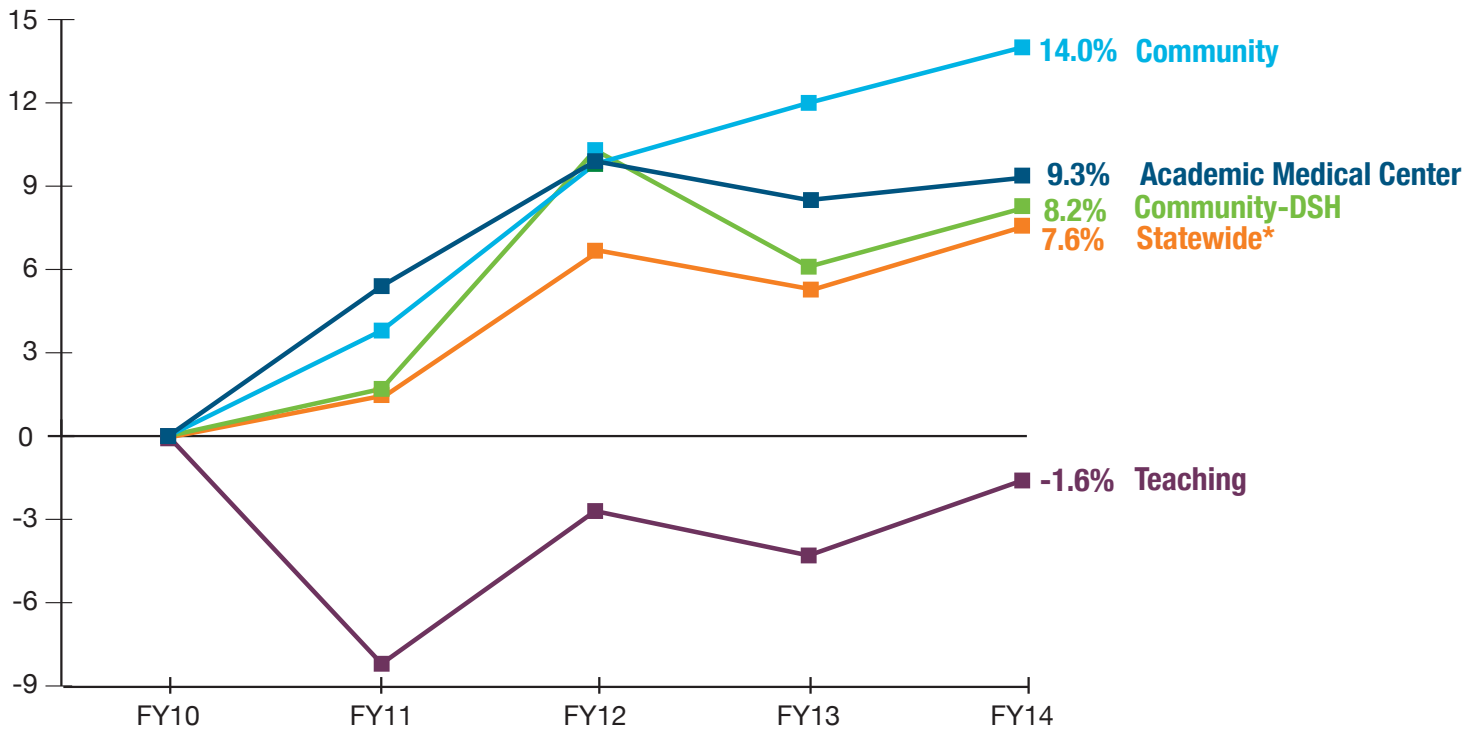
Acute Hospital Blended Composite Relative Price Percentile, by Hospital Cohort, CY2014

Academic medical centers, on average, had prices well above the median in CY2014.



Growth in Inpatient Revenue per CMAD, FY2010 - FY2014

Community hospitals had the highest growth in inpatient revenue per case mix-adjusted discharge (CMAD) from FY2010 to FY2014 of 14.0%. The teaching hospital cohort was the only cohort that experienced a decline in inpatient revenue per CMAD between FY2010 and FY2014.

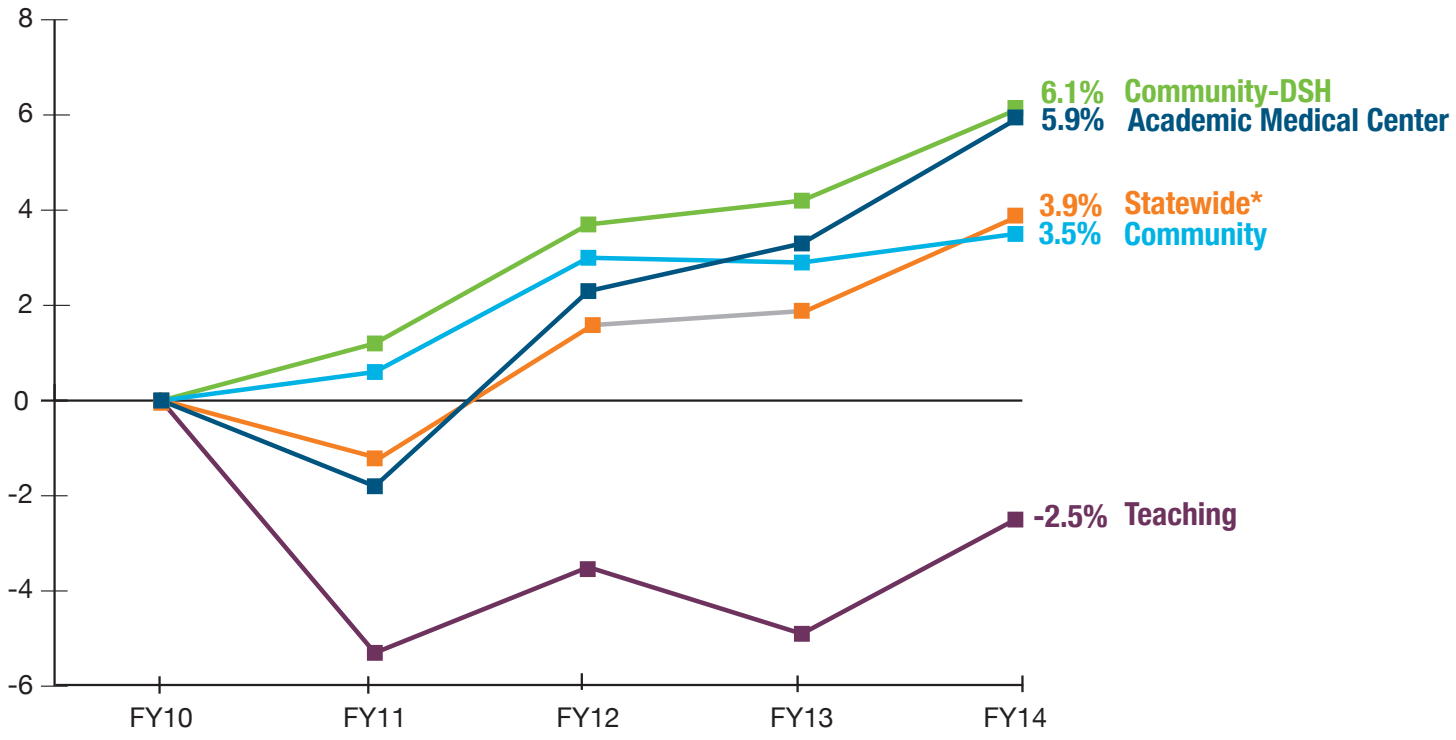


Data Source: Hospital 403 Cost Reports

* Statewide excludes Shriners Hospitals for Children and acute care Kindred hospitals.

Growth in Adjusted Cost per CMAD, FY2010 - FY2014

Community-DSH hospitals had the highest growth in inpatient adjusted cost per case mix-adjusted discharge (CMAD) from FY2010 to FY2014 of 6.1%, while teaching hospitals experienced a decline of 2.5%.

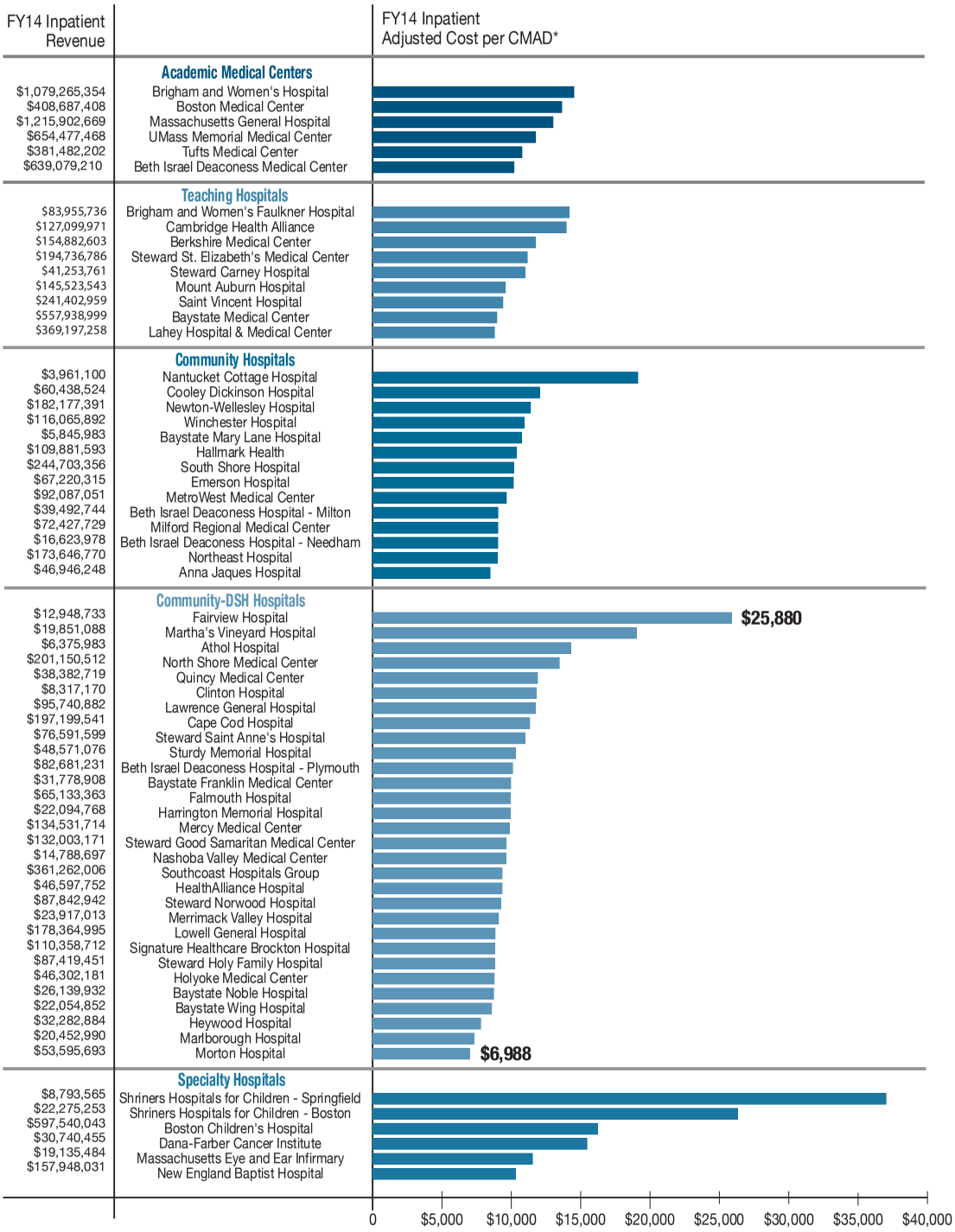


Data Source: Hospital 403 Cost Reports

* Statewide excludes Shriners Hospitals for Children and acute care Kindred hospitals.

FY2014 Adjusted Cost per CMAD

- Among non-specialty cohorts, academic medical centers had the highest average adjusted* cost per case mix-adjusted discharge (CMAD)
- Many rural hospitals had higher adjusted costs per CMAD, primarily due to their low patient volume and remote locations



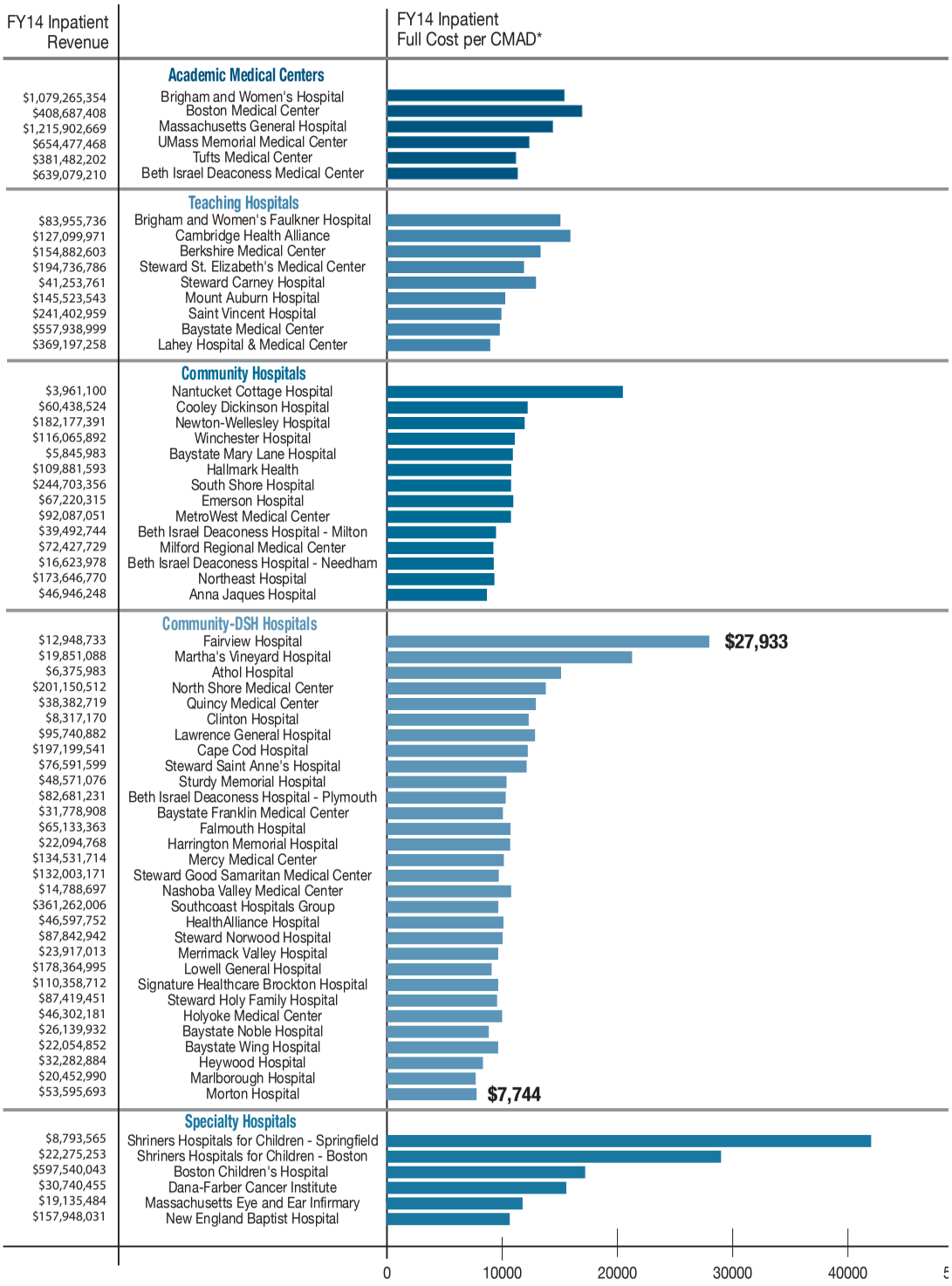
Data Source: Cost, revenue, and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

Note: The acute care Kindred Hospitals were not included in this analysis, as case mix data was not available for these hospitals.

* Costs were adjusted to exclude direct medical education costs and physician compensation costs. Inpatient costs can vary among hospitals depending on a number of factors, including these cost categories. Adjusting for these cost categories facilitates better comparison between hospitals that have these costs and those that do not. Excluding these costs, however, does not reveal the true cost for inpatient care, which may be higher for hospitals with medical education costs and physician compensation costs. For more information on these cost categories, see the databook.

FY2014 Full Cost per CMAD

- Full inpatient costs per case mix-adjusted discharge (CMAD) vary widely among hospitals, even within cohorts
- Academic medical centers and teaching hospitals have higher than average full costs per CMAD, in part due to the costs of their medical residency programs

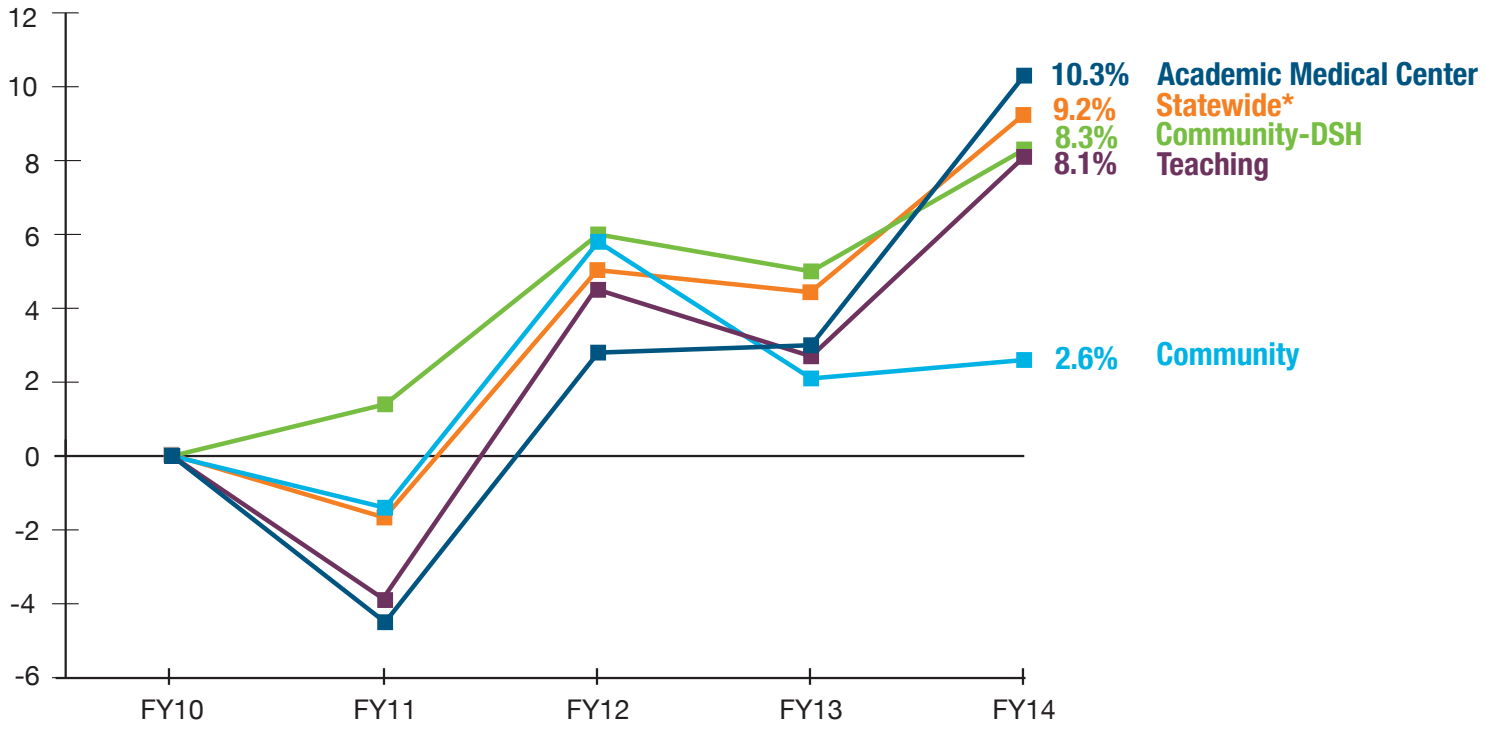


Data Source: Cost, revenue, and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

Note: The acute care Kindred Hospitals were not included in this analysis, as case mix data was not available for these hospitals.

Growth in Outpatient Revenue, FY2010-FY2014

Academic medical centers had the highest growth in outpatient revenue from FY2010 to FY2014.

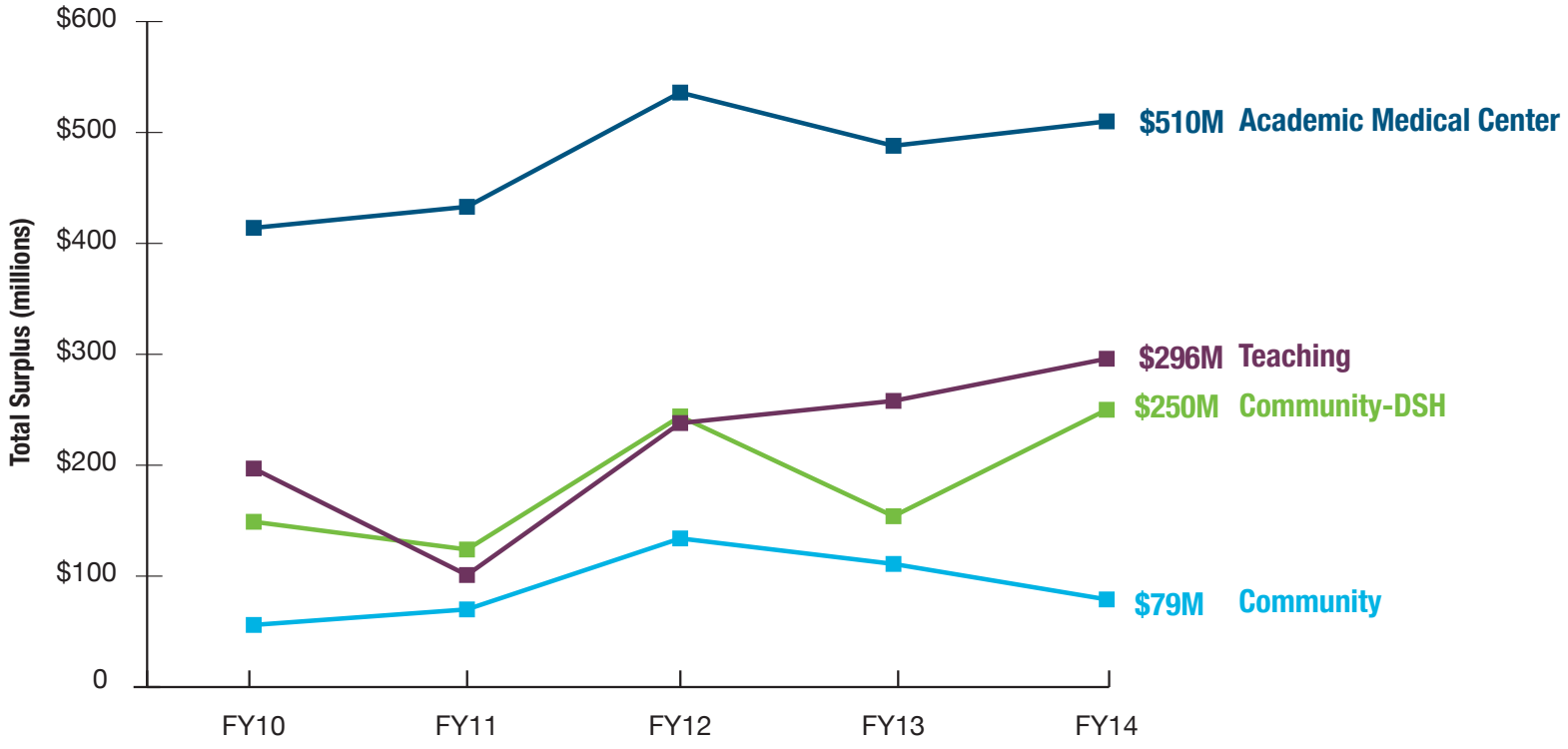


Data Source: Hospital 403 Cost Reports

* Statewide excludes Shriners Hospitals for Children and acute care Kindred hospitals.

Surplus by Cohort

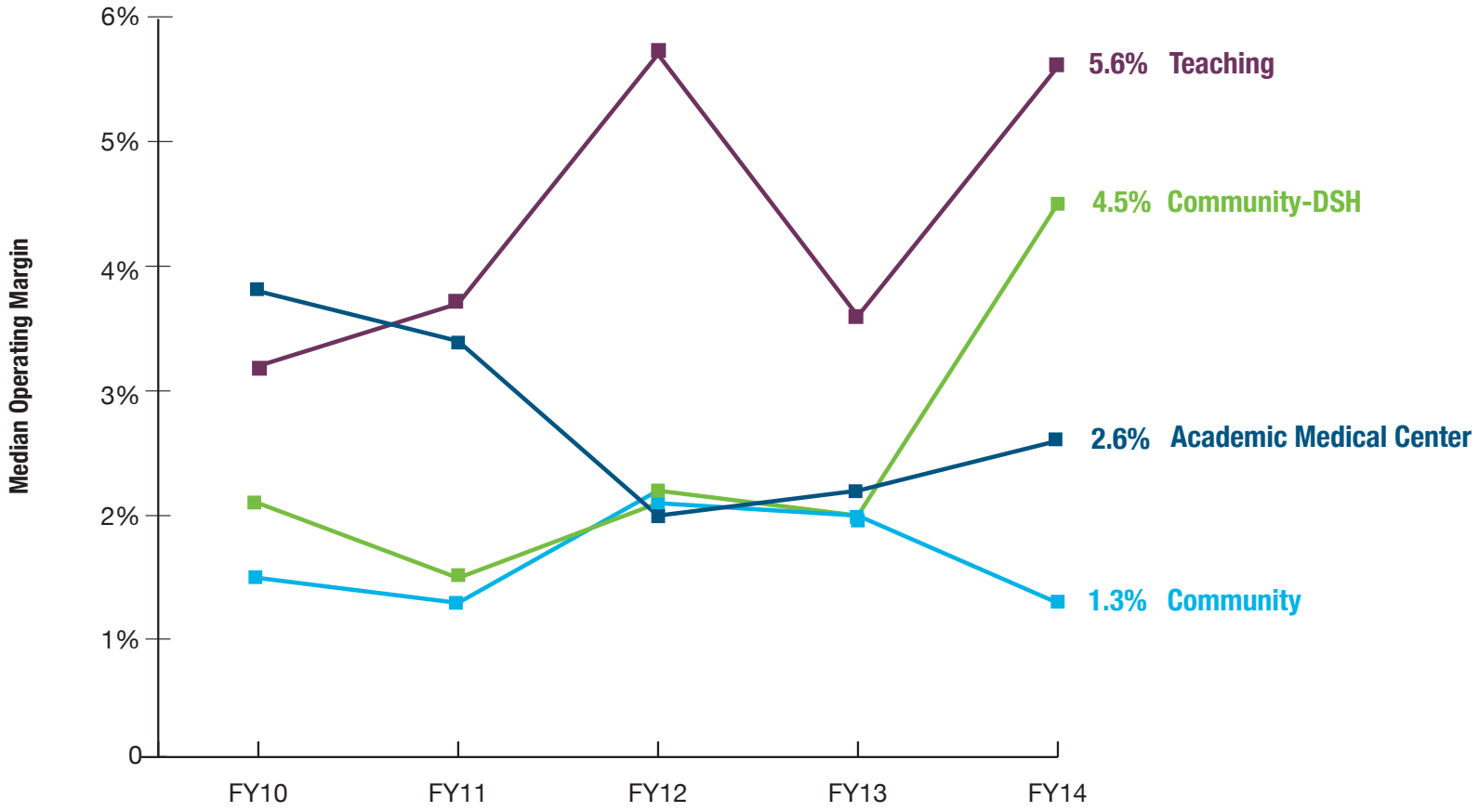
Academic medical centers collectively had the largest surplus in absolute dollars every year from FY2010 to FY2014.



Data Source: Hospital Standardized Financial Statements

Median Operating Margin

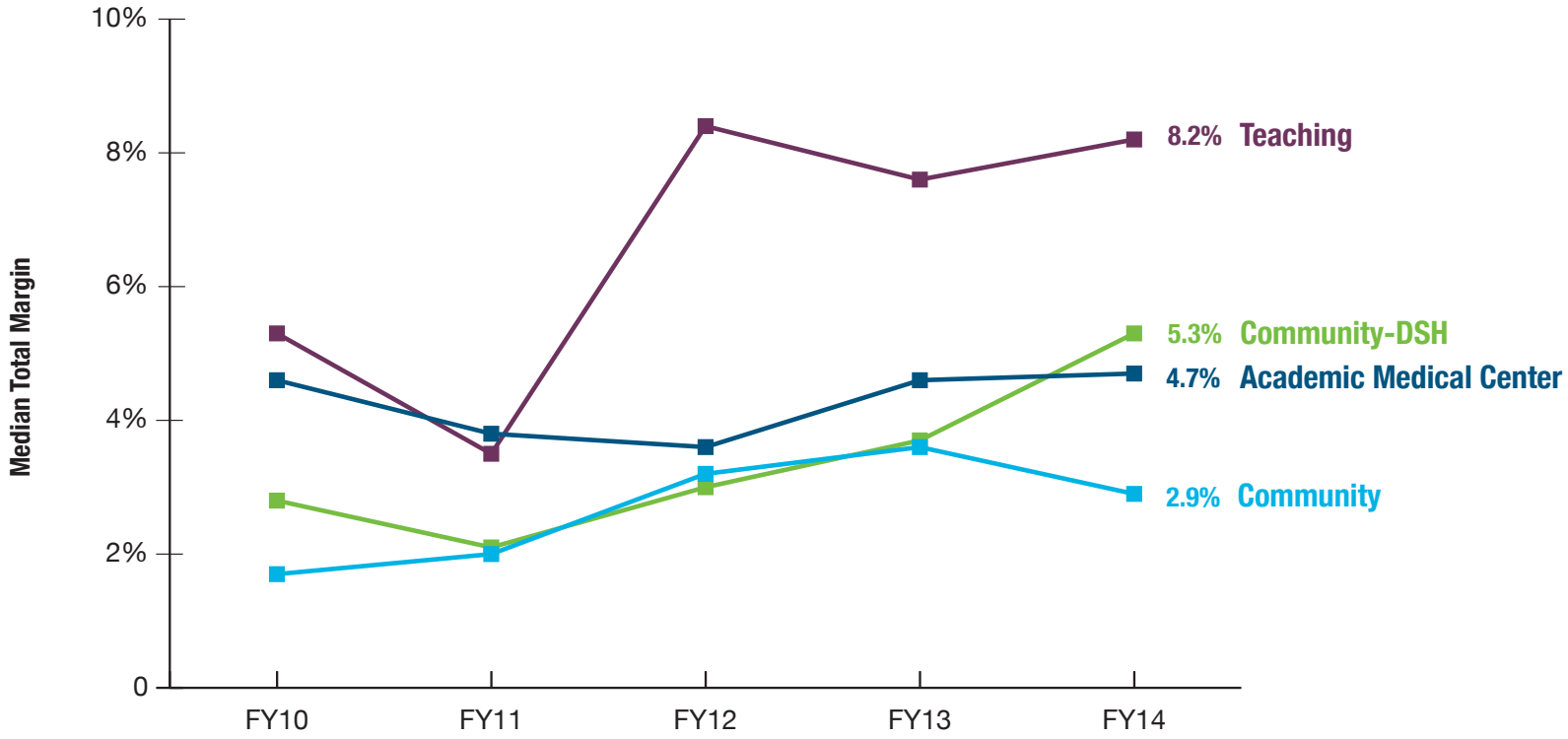
All cohorts have had positive median operating margins since FY2010. Teaching hospitals tended to have the highest median operating margin over this period, including a 5.6% median operating margin in FY2014.



Data Source: Hospital Standardized Financial Statements

Median Total Margin

Teaching hospitals had the highest median total margin in FY2014, at 8.2%.



Data Source: Hospital Standardized Financial Statements

INTRODUCTION TO MULTI-ACUTE HOSPITAL SYSTEMS

This section provides an overview of **multi-acute hospital systems** in Massachusetts ("system profiles"). Multi-acute hospital systems play a central role in the Massachusetts health care environment, accounting for the majority of acute hospitals statewide. In FY14, there were twelve[1] multi-acute hospital systems that encompassed 47 of the state's 67 acute hospitals.[2]

The information presented in the system profiles is based primarily on financial data. Each profile includes measures that highlight financial performance, organizational structure, and relative size of each component entity within the system.

See below for an index of the systems as well as their acute and non-acute hospitals. Non-acute hospitals are included for reference only. Hospitals are listed according to their size within their systems.

1 Kindred Healthcare, Inc., Tenet Healthcare Corporation, and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred, Tenet, or Shriners in the multi-acute hospital system profiles chapter.

2 Refer to the "Subsequent Events" section (Exhibit A) of the technical appendix for additional information on the number of hospitals in Massachusetts, as there have been several changes during FY15.

HOW TO READ MULTI-ACUTE HOSPITAL SYSTEM PROFILES – FISCAL YEAR 2014

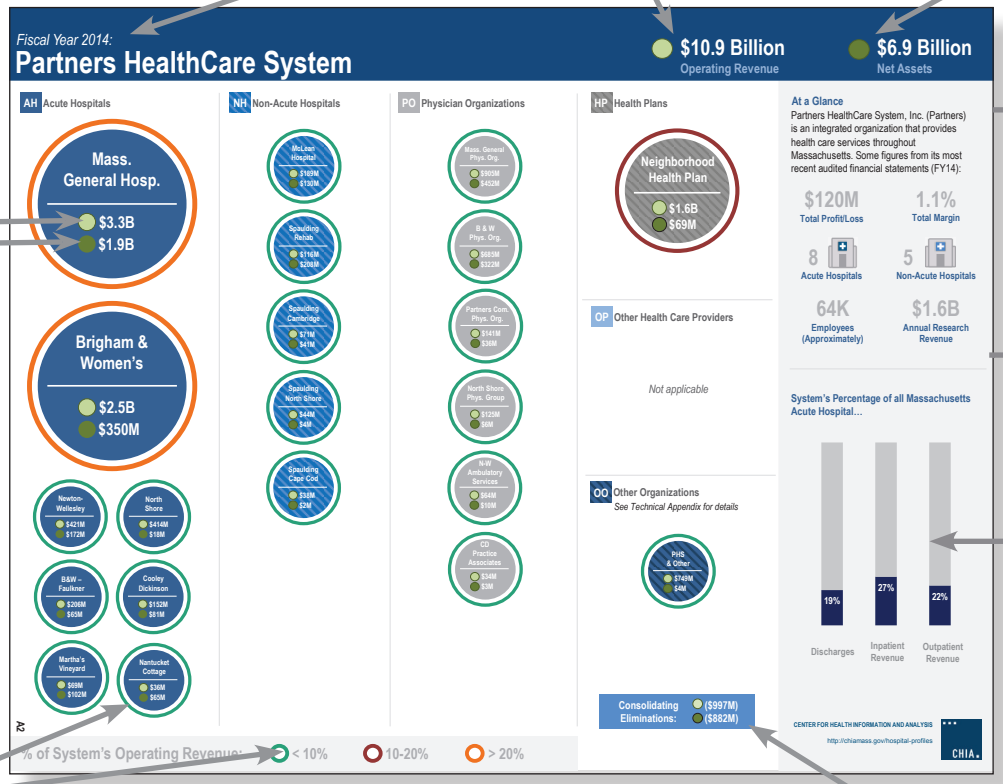
This sheet provides a brief introduction to the metrics on the multi-acute hospital system profiles. Definitions and notes on all metrics are available in the technical appendix.

Measuring year
The system's fiscal year for the data on this page.

Size of system
Operating revenue is a financial measure of an organization's size.

System's financial stability
Net assets is a measure of an organization's financial stability.

Financial indicators of system affiliate
Operating revenue and net assets of the entity within the system.



Descriptive metrics

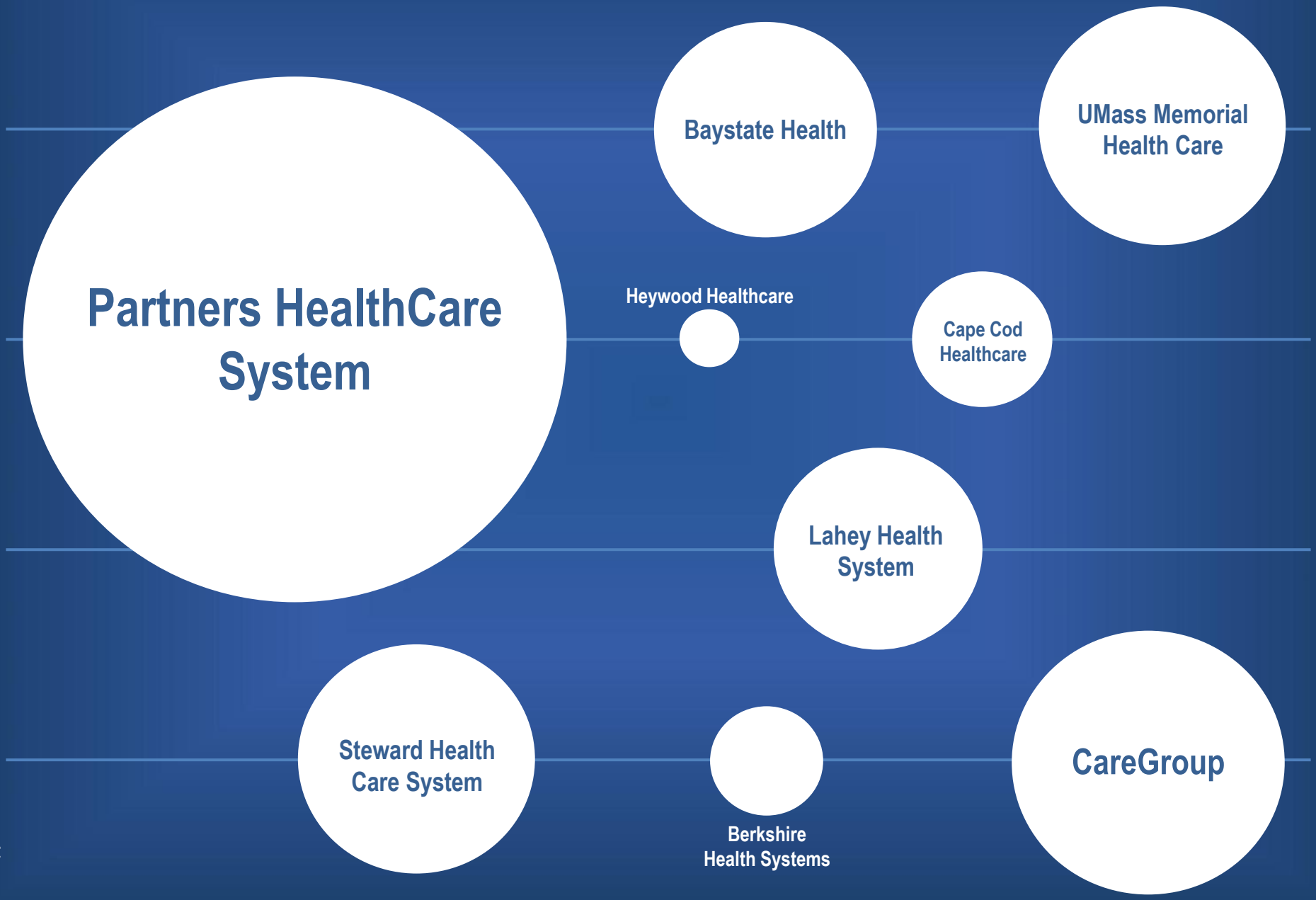
Share of patient discharges and revenue
Bars show the system's proportion of total acute hospital inpatient discharges, inpatient revenue, and outpatient revenue in Massachusetts. Note that outpatient visits are not represented in this chart. See the technical appendix for more information.

Proportion of operating revenue
Circle size and the color of the band are based on the entity's proportion of the system's total operating revenue.

Consolidating eliminations
Intercompany transactions that are eliminated during the financial consolidation process.

Health System Profiles: Comparative Overview

Circle areas are scaled based on system operating revenue



Fiscal Year 2014:

Partners HealthCare System

$10.9 Billion Operating Revenue

$6.9 Billion Net Assets

AH Acute Hospitals

Mass. General Hosp.
$3.3B
$1.9B

Brigham & Women's
$2.5B
$350M

Newton-Wellesley
$421M
$172M

North Shore
$414M
$18M

B&W – Faulkner
$206M
$65M

Cooley Dickinson
$152M
$81M

Martha's Vineyard
$69M
$102M

Nantucket Cottage
$36M
$65M

NH Non-Acute Hospitals

McLean Hospital
$189M
$130M

Spaulding Rehab
$116M
$208M

Spaulding Cambridge
$71M
$41M

Spaulding North Shore
$44M
$4M

Spaulding Cape Cod
$38M
$2M

PO Physician Organizations

Mass. General Phys. Org.
$905M
$452M

B & W Phys. Org.
$685M
$322M

Partners Com. Phys. Org.
$141M
$36M

North Shore Phys. Group
$125M
$6M

N-W Ambulatory Services
$64M
$10M

CD Practice Associates
$34M
$3M

HP Health Plans

Neighborhood Health Plan
$1.6B
$69M

OP Other Health Care Providers

Not applicable

OO Other Organizations

See the technical appendix for details

PHS & Other
$749M
$4M

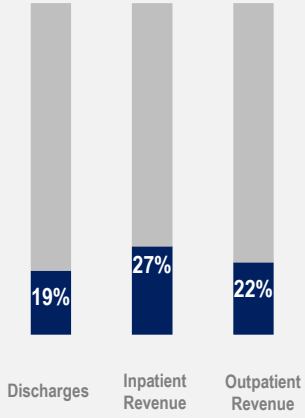
Consolidating Eliminations: ($997M) ($882M)

At a Glance

Partners HealthCare System, Inc. is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY14):

$120M Total Profit/Loss	1.1% Total Margin
8 Acute Hospitals	5 Non-Acute Hospitals
64K Employees (Approximately)	$1.6B Annual Research Revenue

System's Percentage of all Massachusetts Acute Hospital…



% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

CareGroup

$2.7 Billion Operating Revenue

$1.7 Billion Net Assets

AH Acute Hospitals*

Beth Israel Deaconess Med. Center (BIDMC)
$1.4B
$908M

Mt. Auburn Hospital
$322M
$268M

NE Baptist Hospital
$236M
$126M

BIDH – Plymouth
$192M
$79M

BIDH – Milton
$83M
$75M

BIDH – Needham
$70M
$38M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations*

Harvard Med. Faculty Physicians
$489M
$182M

Affiliated Physicians Group
$73M
$0

Mt. Auburn Professional Services
$67M
$17M

Jordan Physician Associates
$19M
$2M

NE Baptist Med. Associates
$12M
$1M

Community Physicians Associates
$2M
($2M)

HP Health Plans

Not applicable

OP Other Health Care Providers

Not applicable

OO Other Organizations

See the technical appendix for details

CareGroup & Other
$20M
$25M

Consolidating Eliminations: ($217M) ($0M)

At a Glance

CareGroup, Inc. is a corporate entity that controls several regional teaching and community hospitals and physician groups. Some figures from its most recent audited financial statements (FY14):

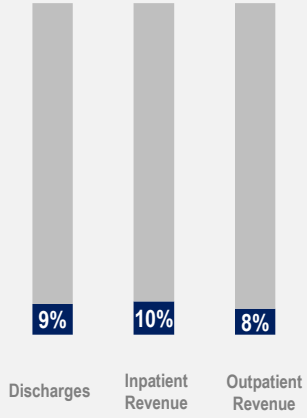
$161M Total Profit/Loss

5.6% Total Margin

6 Acute Hospitals

14K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital…



*The totals presented here represent all of FY14 for BIDH-Plymouth, Inc. and Affiliates (formerly Jordan Health Systems, Inc. and Affiliates), including amounts from October 1 through December 31, 2013, which is prior to its January 1, 2014 affiliation with BIDMC.

% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

UMass Memorial Health Care

$2.3 Billion Operating Revenue

$879 Million Net Assets

AH Acute Hospitals

UMass Memorial
$1.5B
$298M

HealthAlliance Hospital
$160M
$153M

Marlborough Hospital
$80M
$29M

Clinton Hospital
$27M
$19M

NH Non-Acute Hospitals

*Fairlawn Rehabilitation Hospital**

PO Physician Organizations

Medical Group
$472M
$73M

Coordinated Primary Care
$0
$0

HP Health Plans

Not applicable

OP Other Health Care Providers

Behavioral Health Systems
$66M
$8M

HealthAlliance Home Health and Hospice
$9M
$2M

OO Other Organizations

See the technical appendix for details

Health Ventures & Other
$266M
$362M

Consolidating Eliminations: ($340M) ($65M)

At a Glance

UMass Memorial Health Care, Inc. is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY14):

$61M Total Profit/Loss

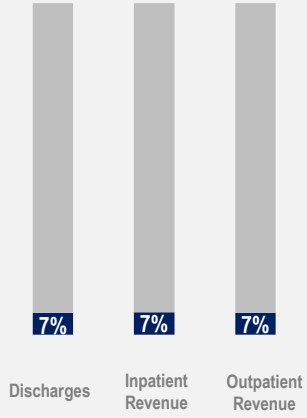
2.7% Total Margin

4 Acute Hospitals

1 Rehabilitation Hospital

12K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



*In June 2014, UMass reduced its 50 percent interest in Fairlawn Rehabilitation Hospital to 20 percent.

% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2013:*

Steward Health Care System

$2.1 Billion Operating Revenue

$64 Million Net Assets

AH Acute Hospitals

- Steward St. Elizabeth's — $311M
- Steward Good Samaritan — $233M
- Steward Saint Anne's — $206M
- Steward Holy Family — $181M
- Steward Norwood — $168M
- Morton — $112M
- Steward Carney — $100M
- Quincy — $77M
- Merrimack Valley — $48M
- Nashoba Valley — $39M

NH Non-Acute Hospitals

- New England Sinai — $55M

PO Physician Organizations

*Steward Medical Group**
*Steward Emergency Physicians**
*Steward Physician Contracting**

HP Health Plans

See the technical appendix for details

OP Other Health Care Providers

*Steward Home Care**
*Steward PET Imaging**

OO Other Organizations

See the technical appendix for details

*Steward Health Care Network**
*Tailored Risk Assurance Company**

Consolidating Eliminations: *Unknown** / *Unknown**

*Steward's FY13 consolidated financial statements, the most recent on record with CHIA, only provide a statement of operations financial breakout for the system's hospital organizations. The other organizations presented on this profile are mentioned in the financial statements, but CHIA does not have financial information for them.

At a Glance

Steward Health Care System, LLC is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY13):

-$52M Total Profit/Loss

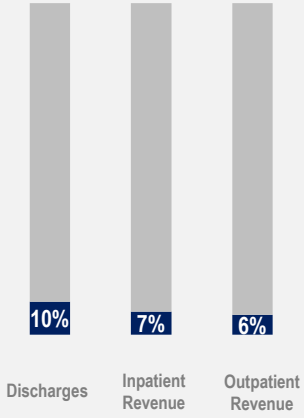
-2.5% Total Margin

10 Acute Hospitals

1 Chronic Care Hospital

17K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital…



% of System's Operating Revenue: < 10% | 10-20% | > 20%

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Fiscal Year 2014:

Baystate Health

$1.8 Billion Operating Revenue

$912 Million Net Assets

AH Acute Hospitals

Baystate Medical Center
$1.1B
$688M

Baystate Franklin
$83M
$44M

Baystate Mary Lane
$26M
$19M

Baystate Wing
$7M
$47M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations

Baystate Medical Practices
$237M
($46M)

HP Health Plans

Health New England
$587M
$67M

OP Other Health Care Providers

Visiting Nurse Assoc. & Hospice
$24M
$1M

Baystate Health Ambulance
$7M
$2M

OO Other Organizations

See the technical appendix for details

Admin. & Other
$143M
$211M

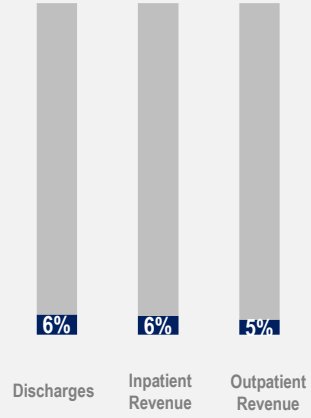
Consolidating Eliminations: ($345M) ($120M)

At a Glance

Baystate Health, Inc. is an organization that provides health care services throughout western Massachusetts. Some figures from its most recent audited financial statements (FY14):

$87M Total Profit/Loss	4.7% Total Margin
4 Acute Hospitals	12K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

Lahey Health System

$1.6 Billion Operating Revenue

$1.1 Billion Net Assets

AH Acute Hospitals

Lahey Hospital & Medical Center
$821M
$158M

Northeast Hospital Corp.
$333M
$209M

Winchester Hospital
$68M
$253M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations

Lahey Clinic
$267M
$94M

Northeast Medical Practice
$14M
($11M)

Winchester Physician Assoc.
$13M
$2M

HP Health Plans

Not applicable

OP Other Health Care Providers

NE Beh. Health Corp.
$87M
$15M

NE Senior Health Corp.
$22M
$2M

Seacoast Nursing & Rehab. Center
$13M
$3M

OO Other Organizations

See the technical appendix for details

Shared Services & Other
$33M
$438M

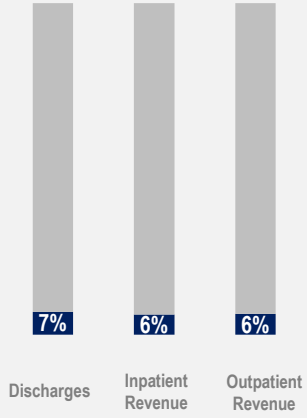
Consolidating Eliminations: ($62M) ($20M)

At a Glance

Lahey Health System, Inc. is an integrated health care system acting as the parent organization of Lahey Affiliates; Lahey Clinic Foundation, Inc. and Affiliates; Northeast Hospital Corp. and Affiliate; and Winchester Healthcare Management, Inc. and Affiliates. Some figures from its most recent audited financial statements (FY14):

$286M Total Profit/Loss	15.5% Total Margin
3 Acute Hospitals	14K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

Cape Cod Healthcare

$730 Million Operating Revenue

$535 Million Net Assets

AH Acute Hospitals

Cape Cod Hospital
$447M
$278M

Falmouth Hospital
$154M
$181M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations

Med. Affiliates of Cape Cod
$58M
$19M

HP Health Plans

Not applicable

OP Other Health Care Providers

VNA of Cape Cod
$49M
$22M

JML Care Center
$16M
$13M

Cape & Islands Health Services
$9M
$0.4M

Falmouth Assisted Living
$4M
$12M

Cape Cod Human Services
$3M
$0

OO Other Organizations

See the technical appendix for details

CCHC & Other
$55M
$182M

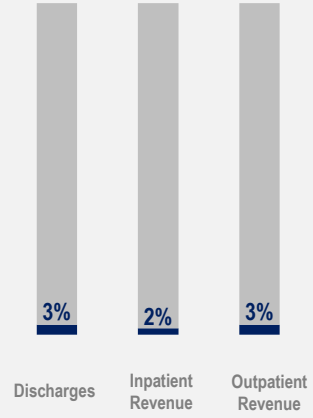
Consolidating Eliminations: ($65M) ($173M)

At a Glance

Cape Cod Healthcare, Inc. provides health care services in Cape Cod, Massachusetts. Some figures from its most recent audited financial statements (FY14):

$35M Total Profit/Loss	4.8% Total Margin
2 Acute Hospitals	5K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

Berkshire Health Systems

$472 Million Operating Revenue

$343 Million Net Assets

AH Acute Hospitals

Berkshire Medical Center
$387M
$313M

Fairview Hospital
$47M
$23M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations

Berkshire Faculty Services
$22M
$0

Williamstown Medical Associates
$5M
$0.2M

HP Health Plans

Not applicable

OP Other Health Care Providers

Not applicable

OO Other Organizations

See the technical appendix for details

Indemnity & Management Co.
$54M
$7M

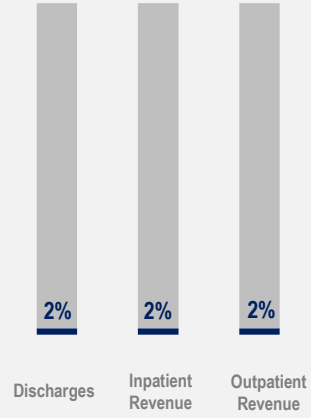
Consolidating Eliminations: ($44M) ($0.1K)

At a Glance

Berkshire Health Systems, Inc. is a not-for-profit organization that provides health care services to western Massachusetts. Some figures from its most recent audited financial statements (FY14):

$29M Total Profit/Loss	6.0% Total Margin
2 Acute Hospitals	3K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



% of System's Operating Revenue: < 10% 10-20% > 20%

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Fiscal Year 2014:

Heywood Healthcare

$132 Million Operating Revenue

$59 Million Net Assets

AH Acute Hospitals

Heywood Hospital
$102M
$53M

Athol Hospital
$23M
$4M

NH Non-Acute Hospitals

Not applicable

PO Physician Organizations

Heywood Medical Group
$10M
($1M)

HP Health Plans

Not applicable

OP Other Health Care Providers

Not applicable

OO Other Organizations

See the technical appendix for details

Heywood Hospital Realty
$1M
$3M

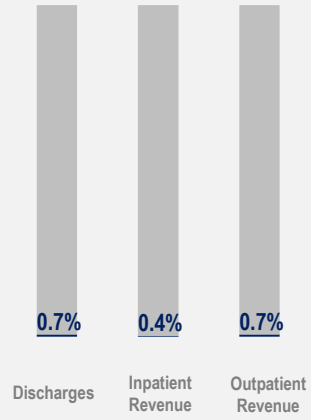
Consolidating Eliminations: ($3M) $0

At a Glance

Heywood Healthcare, Inc. operates two not-for-profit acute care hospitals in central Massachusetts. Some figures from its most recent audited financial statements (FY14):

$3M Total Profit/Loss	2.6% Total Margin
2 Acute Hospitals	1K Employees (Approximately)

System's Percentage of all Massachusetts Acute Hospital...



% of System's Operating Revenue: < 10% 10-20% > 20%

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INTRODUCTION TO ACUTE HOSPITAL COHORTS

Acute hospitals are grouped into cohorts of similar hospitals, as follows:

Academic Medical Centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by extensive research and teaching programs, comprehensive resources for tertiary and quaternary care, being principal teaching hospitals for their respective medical schools, and being full service hospitals with case mix intensity greater than 5% above the statewide average.

AMC Cohort

- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Brigham and Women's Hospital
- Massachusetts General Hospital
- Tufts Medical Center
- UMass Memorial Medical Center

Teaching hospitals are hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

Teaching Hospital Cohort

- Baystate Medical Center
- Berkshire Medical Center
- Brigham and Women's Faulkner Hospital
- Cambridge Health Alliance
- Lahey Hospital & Medical Center
- Mount Auburn Hospital
- Saint Vincent Hospital
- Steward Carney Hospital
- Steward St. Elizabeth's Medical Center

Community hospitals are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.

Community Hospital Cohort

- Anna Jaques Hospital
- Baystate Mary Lane Hospital
- Beth Israel Deaconess Hospital — Milton
- Beth Israel Deaconess Hospital — Needham
- Cooley Dickinson Hospital
- Emerson Hospital
- Hallmark Health
- MetroWest Medical Center
- Milford Regional Medical Center
- Nantucket Cottage Hospital
- Newton-Wellesley Hospital
- Northeast Hospital
- South Shore Hospital
- Winchester Hospital

Community-Disproportionate Share Hospitals (DSH) are community hospitals that are disproportionately reliant upon public revenue by virtue of a public payer mix of 63% or greater. Public payers include Medicare, MassHealth, and other government payers, including ConnectorCare and the Health Safety Net.

Community-DSH Cohort

- Athol Hospital
- Baystate Franklin Medical Center
- Baystate Noble Hospital
- Baystate Wing Hospital
- Beth Israel Deaconess Hospital – Plymouth
- Cape Cod Hospital
- Clinton Hospital
- Fairview Hospital
- Falmouth Hospital
- Harrington Memorial Hospital
- HealthAlliance Hospital
- Heywood Hospital
- Holyoke Medical Center
- Lawrence General Hospital
- Lowell General Hospital
- Marlborough Hospital
- Martha's Vineyard Hospital
- Mercy Medical Center
- Merrimack Valley Hospital
- Morton Hospital
- Nashoba Valley Medical Center
- North Shore Medical Center
- Quincy Medical Center
- Signature Healthcare Brockton Hospital
- Southcoast Hospitals Group
- Steward Good Samaritan Medical Center
- Steward Holy Family Hospital
- Steward Norwood Hospital
- Steward Saint Anne's Hospital
- Sturdy Memorial Hospital

Specialty hospitals are not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

Specialty Hospitals

- Boston Children's Hospital
- Dana-Farber Cancer Institute
- Kindred Hospital — Boston
- Kindred Hospital — Boston North Shore
- Massachusetts Eye and Ear Infirmary
- New England Baptist Hospital
- Shriners Hospitals for Children — Boston
- Shriners Hospitals for Children — Springfield

For detailed descriptions of the data sources and metrics used in the acute hospital cohort profile, please see the technical appendix.

HOW TO READ ACUTE HOSPITAL COHORT PROFILE – FISCAL YEAR 2014

This sheet provides a brief introduction to the metrics on the hospital cohorts. Definitions and notes on all metrics are available in the technical appendix.

ACUTE HOSPITAL COHORTS

2014 Hospital Profile

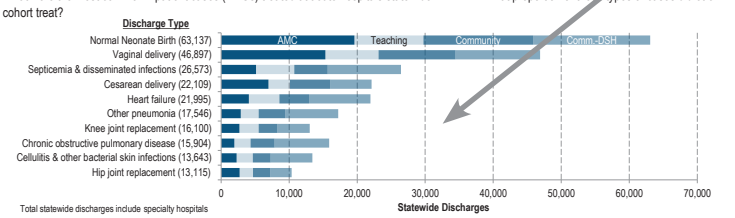
There were six academic medical centers (AMCs) in FY14, nine teaching hospitals, fourteen community hospitals, and twenty-nine community-Disproportionate Share Hospitals (DSH). Teaching hospitals are training institutions with at least twenty-five full-time equivalent medical school residents per one hundred inpatient beds. AMCs are characterized by more extensive research and teaching programs than teaching hospitals, as well as significant capacity for highly specialized and complex care (i.e., tertiary and quaternary). Community hospitals are hospitals that are not characterized as specialty, teaching, or AMCs. Community-DSH hospitals are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs.

At a Glance

	AMCs	Teaching	Community	Comm.-DSH
TOTAL STAFFED BEDS	4,059	2,551	2,540	4,737
MEDIAN % OCCUPANCY	80.2%	71.3%	60.6%	62.7%
TOTAL DISCHARGES	219,458	145,592	141,874	258,382
EMERGENCY DEPARTMENT VISITS	507,308	496,874	579,011	1,377,765
AVG. COMMERCIAL PAYER PRICE LEVEL	74th	55th	45th	44th
AVG. PUBLIC PAYER MIX	61.0%	65.4%	54.3%	68.6%
TOTAL REVENUE IN FY14 (in millions)	$10,658	$4,202	$2,914	$5,331
INPATIENT:OUTPATIENT REVENUE IN FY14	49%:51%	37%:63%	33%:67%	35%:65%
ADJUSTED COST PER DISCHARGE	$12,370	$10,972	$10,155	$9,739

Services

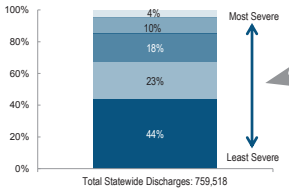
What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY14? What proportion of these types of cases did each cohort treat?



Total statewide discharges include specialty hospitals

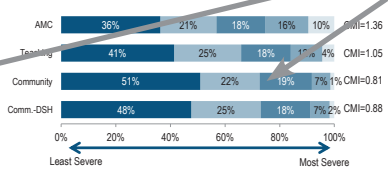
Severity

What was the severity distribution of inpatient cases statewide in FY14?



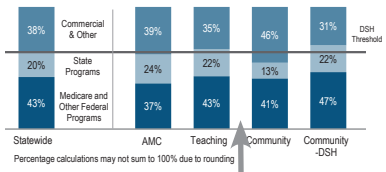
Total Statewide Discharges: 759,518

What was the severity distribution of inpatient cases within each cohort in FY14?



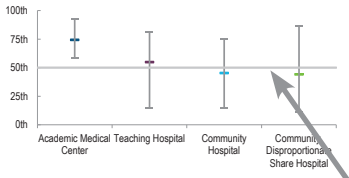
Payer Mix

What was each cohort's payer mix in FY14? How does each cohort compare to the statewide payer mix?



Percentage calculations may not sum to 100% due to rounding

What was each cohort's blended composite relative price percentile in calendar year 2014?



For descriptions of the metrics, please see the technical appendix.

Types of inpatient cases

The state's top ten most frequent inpatient cases are listed, with the number of discharges from each cohort indicated by the colored bands within each bar.

Inpatient severity distribution

The severity distribution of all inpatient cases treated at acute hospitals is shown on the left. The bars on the right display the severity distribution of cases within each cohort.

Relative Price

The colored dashes represent the average blended composite relative price level of all hospitals in each cohort, expressed as percentiles, for all Massachusetts commercial payers in 2014. The range for each cohort is also displayed.

The grey line shows the median blended composite relative price percentile (50th percentile).

Payer mix

Each cohort's average share of business from federal and state programs and commercial payers is displayed, in addition to the overall payer mix statewide.

The grey line indicates whether the average hospital in each cohort receives 63% or more of its business from government programs (the bottom two sections of each column). This is the "DSH Threshold."

HOW TO READ ACUTE HOSPITAL COHORT PROFILE – FISCAL YEAR 2014

These graphs compare trends among the cohorts. All trends in the first four graphs are anchored at 0 to emphasize recent changes. The labeled points are cumulative over the time period.

ACUTE HOSPITAL COHORTS

2014 Hospital Profile

Key: AMC, Teaching, Community, Community-DSH, Statewide

Utilization

How has each cohort's volume of inpatient discharges changed compared to FY10? (FY10=0)

How has each cohort's median outpatient visits changed compared to FY10? (FY10=0)

Patient Revenue Trends

How has each cohort's inpatient revenue per CMAD changed since FY10? (FY10=0)

How has each cohort's total outpatient revenue changed since FY10? (FY10=0)

Financial Performance

What were each cohort's aggregate revenue, cost, and profit (loss) in FY14?

Revenue, Cost, & Profit (Loss) in millions

Cohort	AMC	Teaching	Comm.	DSH
Operating Revenue	$ 10,573	$ 4,141	$ 2,890	$ 5,304
Non-Operating Revenue	$ 85	$ 61	$ 25	$ 78
Total Revenue	$ 10,658	$ 4,202	$ 2,914	$ 5,381
Total Costs	$ 10,148	$ 3,907	$ 2,835	$ 5,132
Total Profit (Loss)	$ 510	$ 296	$ 79	$ 250

What were each acute hospital cohort's median operating and total margin from FY10 to FY14?

For descriptions of the metrics, please see the technical appendix.

*Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

*Costs were adjusted to exclude direct medical education costs and physician compensation.

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November 2015

Change in volume of outpatient visits

Change in volume of inpatient discharges

Change in total outpatient revenue
(note: **not** per unit. This metric is influenced both by unit price and by volume changes.)

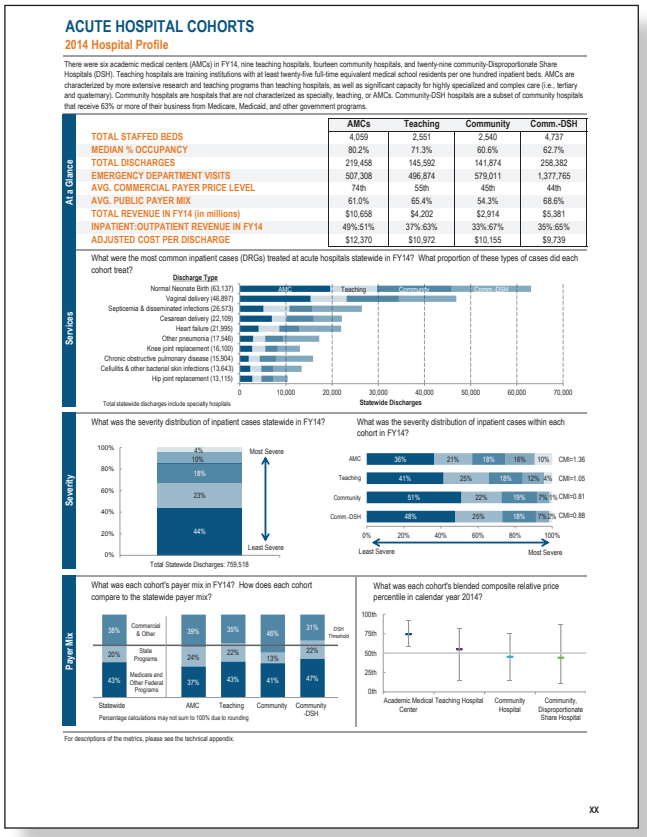
Change in inpatient severity-adjusted revenue per case
(i.e., per capita)

FY14 financial information for each cohort

Total and operating margin history

MASSACHUSETTS ACUTE HOSPITAL COHORT PROFILE – FISCAL YEAR 2014

What changed from Acute Hospital Cohort Profiles – Data through Fiscal Year 2013?



ACUTE HOSPITAL COHORTS

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	AMCs	Teaching	Community	Comm.-DSH
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ADJUSTED COST PER DISCHARGE	$12,370	$10,972	$10,155	$9,739

Services

What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY14? What proportion of these types of cases did each cohort treat?

Discharge Type

Normal Neonate Birth (63,137)
Vaginal delivery (46,897)
Septicemia & disseminated infections (26,573)
Cesarean delivery (22,109)
Heart failure (21,995)
Other pneumonia (17,546)
Knee joint replacement (16,100)
Chronic obstructive pulmonary disease (15,904)
Cellulitis & other bacterial skin infections (13,643)
Hip joint replacement (13,115)

AMCs, Teaching, Community, Comm.-DSH

0, 10,000, 20,000, 30,000, 40,000, 50,000, 60,000, 70,000

Statewide Discharges

Total statewide discharges include specialty hospitals

Severity

What was the severity distribution of inpatient cases statewide in FY14?

100%, 80%, 60%, 40%, 20%, 0%

4%, 16%, 18%, 23%, 44%

Most Severe

Least Severe

Total Statewide Discharges: 759,518

What was the severity distribution of inpatient cases within each cohort in FY14?

AMC	36%	21%	18%	16%	10%	CMI=1.36
Teaching	41%	25%	18%	12%	4%	CMI=1.05
Community	51%	22%	19%	7%	1%	CMI=0.81
Comm.-DSH	48%	25%	18%	7%	2%	CMI=0.88

0%, 20%, 40%, 60%, 80%, 100%

Least Severe

Most Severe

Payer Mix

What was each cohort's payer mix in FY14? How does each cohort compare to the statewide payer mix?

	Statewide	AMC	Teaching	Community	Community -DSH
Commercial & Other	38%	39%	35%	46%	31%
State Programs	20%	24%	22%	13%	22%
Medicare and Other Federal Programs	43%	37%	43%	41%	47%

DSH Threshold

Percentage calculations may not sum to 100% due to rounding

What was each cohort's blended composite relative price percentile in calendar year 2014?

100th, 75th, 50th, 25th, 0th

Academic Medical Center, Teaching Hospital, Community Hospital, Community, Disproportionate Share Hospital

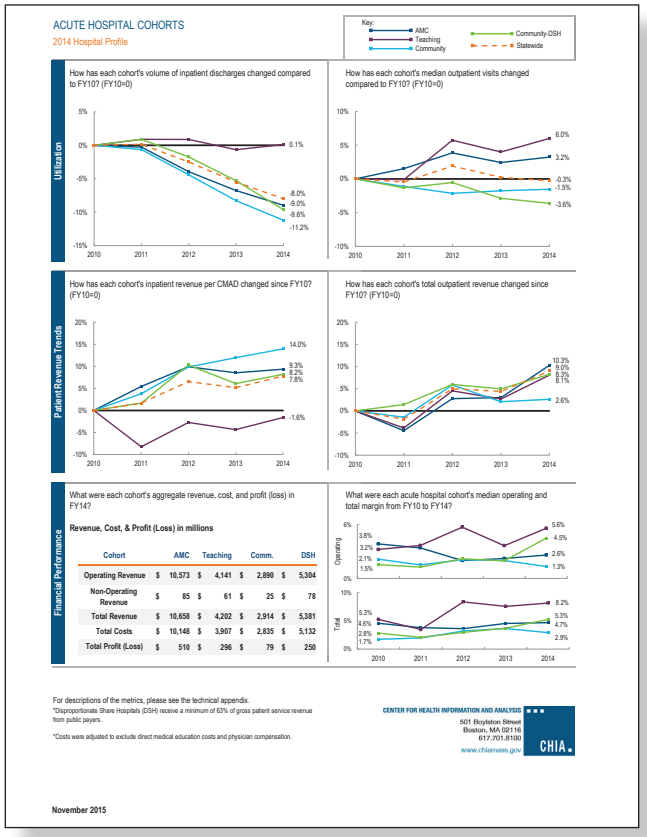
For descriptions of the metrics, please see the technical appendix.

xx

CHIA is committed to ensuring that our customers receive quality content and service, and to help us do so, we surveyed stakeholders prior to planning this year's publication. The Hospital Profiles – FY 2014 presentation was updated to focus on the metrics and formats most valuable to our stakeholders.

In addition to an updated look, CHIA made the updates noted below to the Acute Hospital Cohort Profile template.

1. In place of individual profiles for each acute hospital cohort, CHIA created one profile that displays the performance of all four cohorts as well as statewide performance. Metrics remain consistent with those displayed on the cohort-level profiles in FY13.
2. The Growth Measures section was removed to provide space for an At a Glance section that allows readers to easily compare key demographic, utilization, cost, revenue, and financial information across cohorts.



ACUTE HOSPITAL COHORTS

2014 Hospital Profile

Key: AMC, Teaching, Community, Community-DSH, Statewide

Utilization

How has each cohort's volume of inpatient discharges changed compared to FY10? (FY10=0)

5%, 0%, -5%, -10%, -15%

2010, 2011, 2012, 2013, 2014

0.1%, -8.0%, -8.0%, -9.6%, -11.2%

How has each cohort's median outpatient visits changed compared to FY10? (FY10=0)

10%, 5%, 0%, -5%, -10%

2010, 2011, 2012, 2013, 2014

6.0%, 3.2%, -0.3%, -1.5%, -3.6%

Patient Revenue Trends

How has each cohort's inpatient revenue per CMAD changed since FY10? (FY10=0)

20%, 15%, 10%, 5%, 0%, -5%, -10%

2010, 2011, 2012, 2013, 2014

14.0%, 9.3%, 8.2%, 7.8%, -1.6%

How has each cohort's total outpatient revenue changed since FY10? (FY10=0)

20%, 15%, 10%, 5%, 0%, -5%, -10%

2010, 2011, 2012, 2013, 2014

10.3%, 9.0%, 8.7%, 8.1%, 2.6%

Financial Performance

What were each cohort's aggregate revenue, cost, and profit (loss) in FY14?

Revenue, Cost, & Profit (Loss) in millions

Cohort	AMC	Teaching	Comm.	DSH
Operating Revenue	$ 10,573	$ 4,141	$ 2,890	$ 5,304
Non-Operating Revenue	$ 85	$ 61	$ 25	$ 78
Total Revenue	$ 10,658	$ 4,202	$ 2,914	$ 5,381
Total Costs	$ 10,148	$ 3,907	$ 2,835	$ 5,132
Total Profit (Loss)	$ 510	$ 296	$ 79	$ 250

What were each acute hospital cohort's median operating and total margin from FY10 to FY14?

Operating: 6%, 4, 2, 0%; 3.8%, 3.2%, 2.1%, 1.5%; 5.6%, 4.5%, 2.6%, 1.3%

Total: 10%, 5%, 0%; 5.3%, 4.6%, 2.8%, 1.7%; 8.2%, 5.3%, 4.7%, 2.9%

2010, 2011, 2012, 2013, 2014

For descriptions of the metrics, please see the technical appendix.

*Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

*Costs were adjusted to exclude direct medical education costs and physician compensation.

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CHIA

November 2015

ACUTE HOSPITAL COHORTS

2014 Hospital Profile

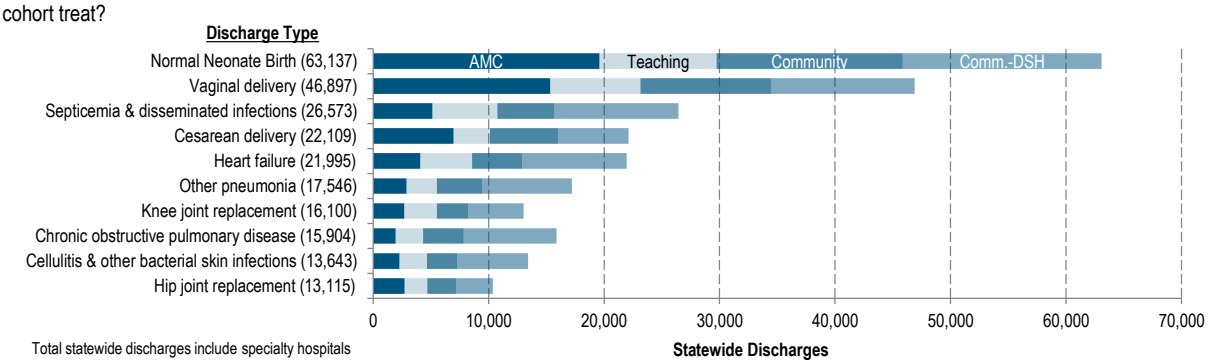
There were six academic medical centers (AMCs) in FY14, nine teaching hospitals, fourteen community hospitals, and thirty community-Disproportionate Share Hospitals (DSH). Teaching hospitals are training institutions with at least twenty-five full-time equivalent medical school residents per one hundred inpatient beds. AMCs are characterized by more extensive research and teaching programs than teaching hospitals, as well as significant capacity for highly specialized and complex care (i.e., tertiary and quaternary). Community hospitals are hospitals that are not characterized as specialty, teaching, or AMCs. Community-DSH hospitals are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs.

At a Glance

	AMCs	Teaching	Community	Comm.-DSH
TOTAL STAFFED BEDS	4,059	2,551	2,540	4,737
MEDIAN % OCCUPANCY	80.2%	71.3%	60.6%	62.7%
TOTAL DISCHARGES	219,458	145,592	141,874	258,382
EMERGENCY DEPARTMENT VISITS	507,308	496,874	579,011	1,377,765
AVG. COMMERCIAL PAYER PRICE LEVEL	74th	55th	45th	44th
AVG. PUBLIC PAYER MIX	61.0%	65.4%	54.3%	68.6%
TOTAL REVENUE IN FY14 (in millions)	$10,658	$4,202	$2,914	$5,381
INPATIENT:OUTPATIENT REVENUE IN FY14	49%:51%	37%:63%	33%:67%	35%:65%
MEDIAN ADJUSTED COST PER DISCHARGE	$12,370	$10,972	$10,155	$9,739

Services

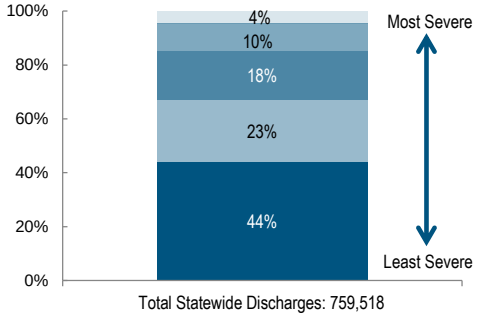
What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY14? What proportion of these types of cases did each cohort treat?



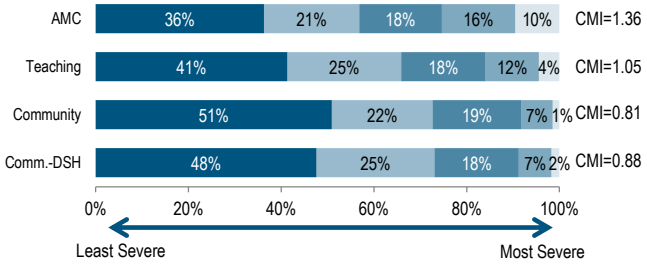
Total statewide discharges include specialty hospitals

Severity

What was the severity distribution of inpatient cases statewide in FY14?

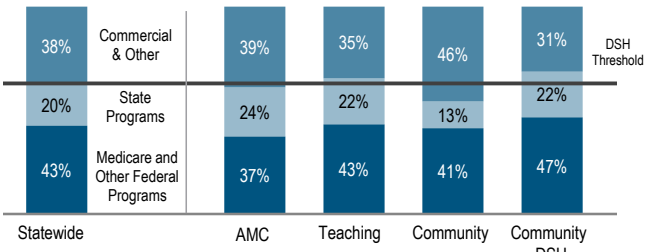


What was the severity distribution of inpatient cases within each cohort in FY14?



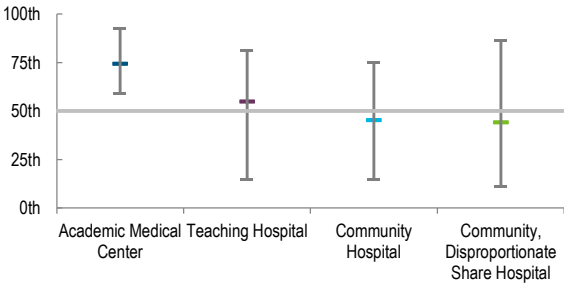
Payer Mix

What was each cohort's payer mix in FY14? How does each cohort compare to the statewide payer mix?



Percentage calculations may not sum to 100% due to rounding

What was each cohort's blended composite relative price percentile in calendar year 2014?



For descriptions of the metrics, please see the technical appendix.

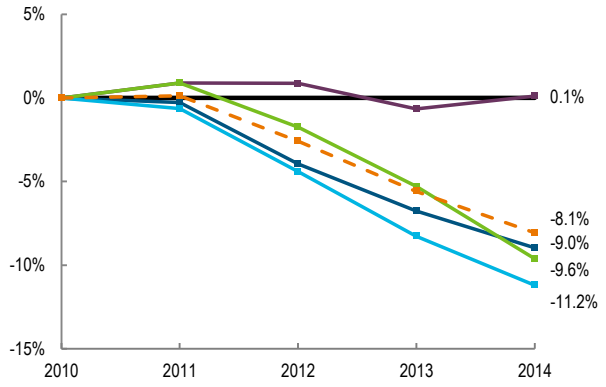
ACUTE HOSPITAL COHORTS

2014 Hospital Profile

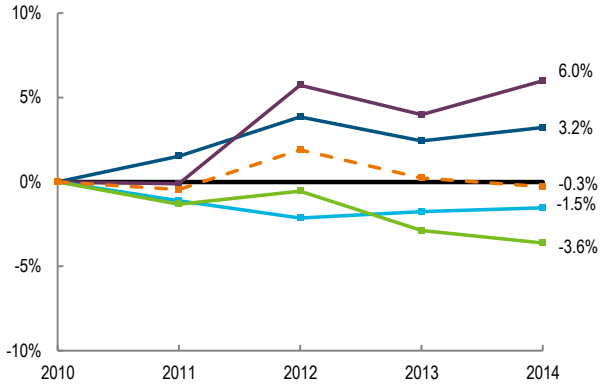
Key:
- AMC
- Teaching
- Community
- Community-DSH
- Statewide

Utilization

How has each cohort's volume of inpatient discharges changed compared to FY10? (FY10=0)

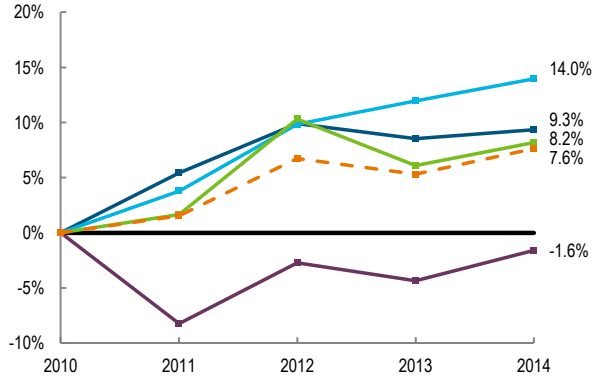


How has each cohort's median outpatient visits changed compared to FY10? (FY10=0)



Patient Revenue Trends

How has each cohort's inpatient revenue per CMAD changed since FY10? (FY10=0)



How has each cohort's total outpatient revenue changed since FY10? (FY10=0)

Financial Performance

What were each cohort's aggregate revenue, cost, and profit (loss) in FY14?

Revenue, Cost, & Profit (Loss) in millions

Cohort	AMC	Teaching	Comm.	DSH
Operating Revenue	$ 10,573	$ 4,141	$ 2,890	$ 5,304
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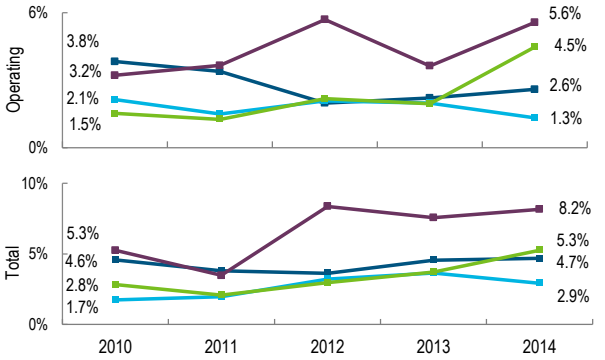
What were each acute hospital cohort's median operating and total margin from FY10 to FY14?



For descriptions of the metrics, please see the technical appendix.

*Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

*Costs were adjusted to exclude direct medical education costs and physician compensation.

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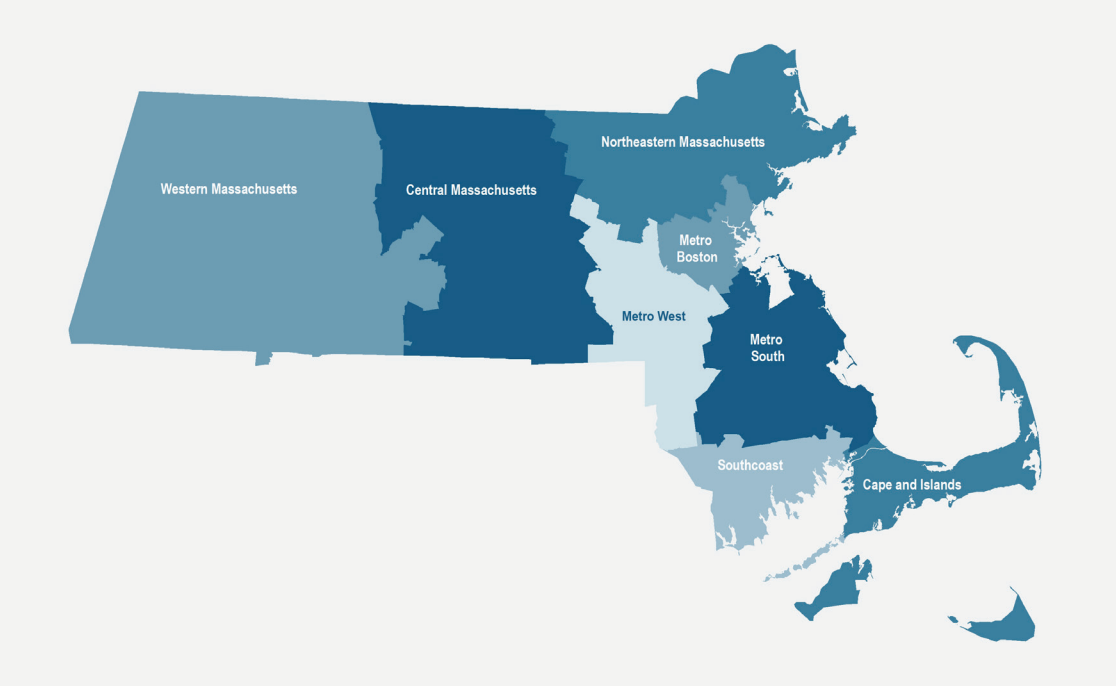
INTRODUCTION TO ACUTE HOSPITALS

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Each hospital is assigned to a cohort of similar hospitals: Academic Medical Centers (AMCs), teaching hospitals, community hospitals, and community-Disproportionate Share Hospitals (DSH). When presenting trends for utilization, costs, financial performance, and quality, baseline data for each hospital's cohort provides a point of comparison. Specialty hospitals may be included in statewide analyses, but are not identified with a distinct cohort.

For detailed descriptions of the data sources and metrics used in the acute hospital profiles, please see the technical appendix.

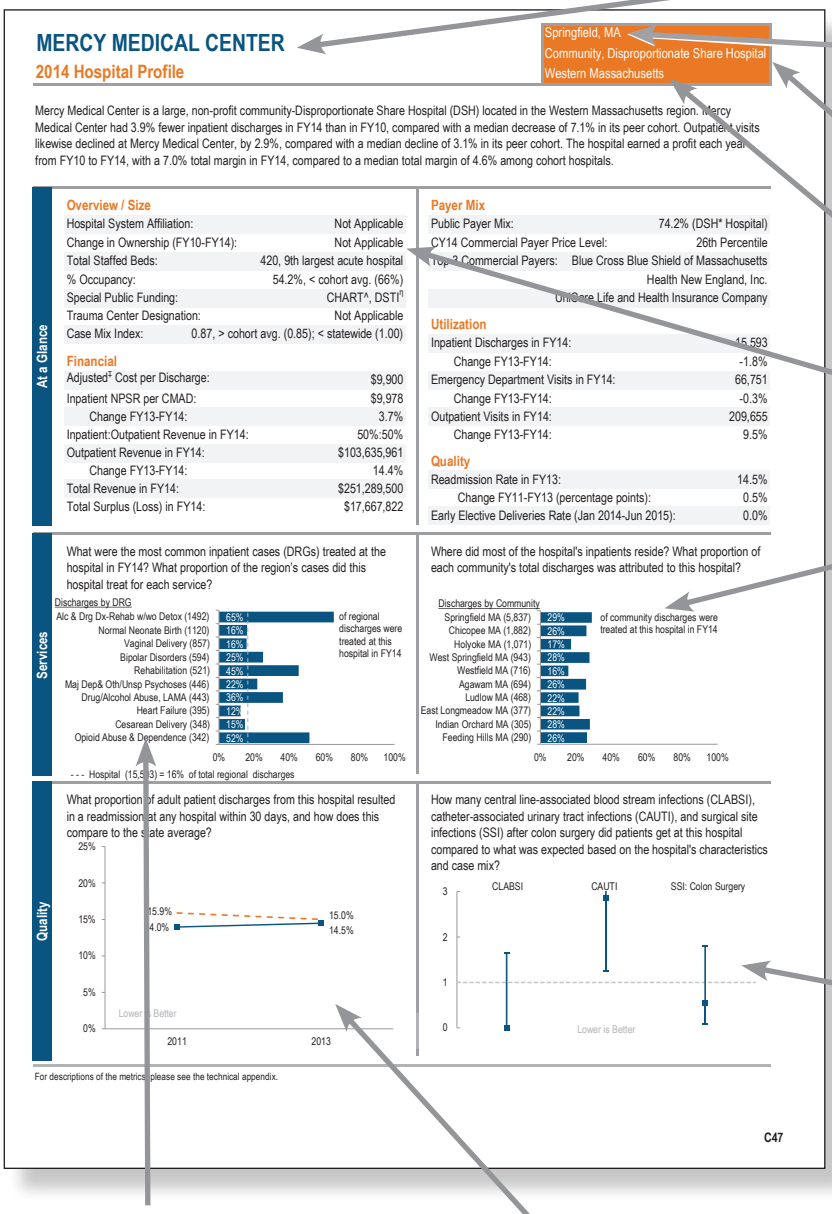
When presenting hospital service data, CHIA assigned acute hospitals to eight geographic regions. These regions are based on the sixteen geographic regions defined by the Massachusetts Health Policy Commission, which were created by consolidating the 66 Dartmouth Atlas Hospital Services Areas.



To view a list of the hospitals within each region, please see the technical appendix or refer to http://www.chiamass.gov/hospitals-by-region/.

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2014

This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the technical appendix.



MERCY MEDICAL CENTER

2014 Hospital Profile

Springfield, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Mercy Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Mercy Medical Center had 3.9% fewer inpatient discharges in FY14 than in FY10, compared with a median decrease of 7.1% in its peer cohort. Outpatient visits likewise declined at Mercy Medical Center, by 2.9%, compared with a median decline of 3.1% in its peer cohort. The hospital earned a profit each year from FY10 to FY14, with a 7.0% total margin in FY14, compared to a median total margin of 4.6% among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	420, 9th largest acute hospital
% Occupancy:	54.2%, < cohort avg. (66%)
Special Public Funding:	CHART^, DSTI[n]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Σ] Cost per Discharge:	$9,900
Inpatient NPSR per CMAD:	$9,978
Change FY13-FY14:	3.7%
Inpatient:Outpatient Revenue in FY14:	50%:50%
Outpatient Revenue in FY14:	$103,635,961
Change FY13-FY14:	14.4%
Total Revenue in FY14:	$251,289,500
Total Surplus (Loss) in FY14:	$17,667,822

Payer Mix

Public Payer Mix:	74.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	26th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	UniCare Life and Health Insurance Company

Utilization

Inpatient Discharges in FY14:	15,593
Change FY13-FY14:	-1.8%
Emergency Department Visits in FY14:	66,751
Change FY13-FY14:	-0.3%
Outpatient Visits in FY14:	209,655
Change FY13-FY14:	9.5%

Quality

Readmission Rate in FY13:	14.5%
Change FY11-FY13 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG
Alc & Drg Dx-Rehab w/wo Detox (1492) 65%
Normal Neonate Birth (1120) 16%
Vaginal Delivery (857) 16%
Bipolar Disorders (594) 25%
Rehabilitation (521) 45%
Maj Dep& Oth/Unsp Psychoses (446) 22%
Drug/Alcohol Abuse, LAMA (443) 36%
Heart Failure (395) 12%
Cesarean Delivery (348) 15%
Opioid Abuse & Dependence (342) 52%
of regional discharges were treated at this hospital in FY14
0% 20% 40% 60% 80% 100%
- - - Hospital (15,593) = 16% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community
Springfield MA (5,837) 29%
Chicopee MA (1,882) 26%
Holyoke MA (1,071) 17%
West Springfield MA (943) 28%
Westfield MA (716) 16%
Agawam MA (694) 26%
Ludlow MA (468) 22%
East Longmeadow MA (377) 22%
Indian Orchard MA (305) 28%
Feeding Hills MA (290) 26%
of community discharges were treated at this hospital in FY14
0% 20% 40% 60% 80% 100%

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

25% 20% 15% 10% 5% 0%
15.9% 4.0%
15.0% 14.5%
Lower is Better
2011 2013

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

CLABSI CAUTI SSI: Colon Surgery
3 2 1 0
Lower is Better

For descriptions of the metrics, please see the technical appendix.

C47

Hospital name change (if applicable)

Campus location(s)

Hospital's cohort

Region

Multi-hospital system affiliation (if applicable)

Regional utilization

The communities where the hospital's inpatients reside are listed, with the number of this hospital's discharges from each community and a bar representing the share this hospital provides for each community among Massachusetts hospitals.

Health care-associated infections

This measure displays how many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery patients experienced relative to what was expected, based on the hospital's characteristics and case mix.

The dotted line indicates that the expected and observed number of infections were equal. *A lower score is better.*

Types of inpatient cases

This hospital's most frequent inpatient cases are listed, with the number of discharges in each group and a bar representing the proportion of regional cases treated at this hospital.

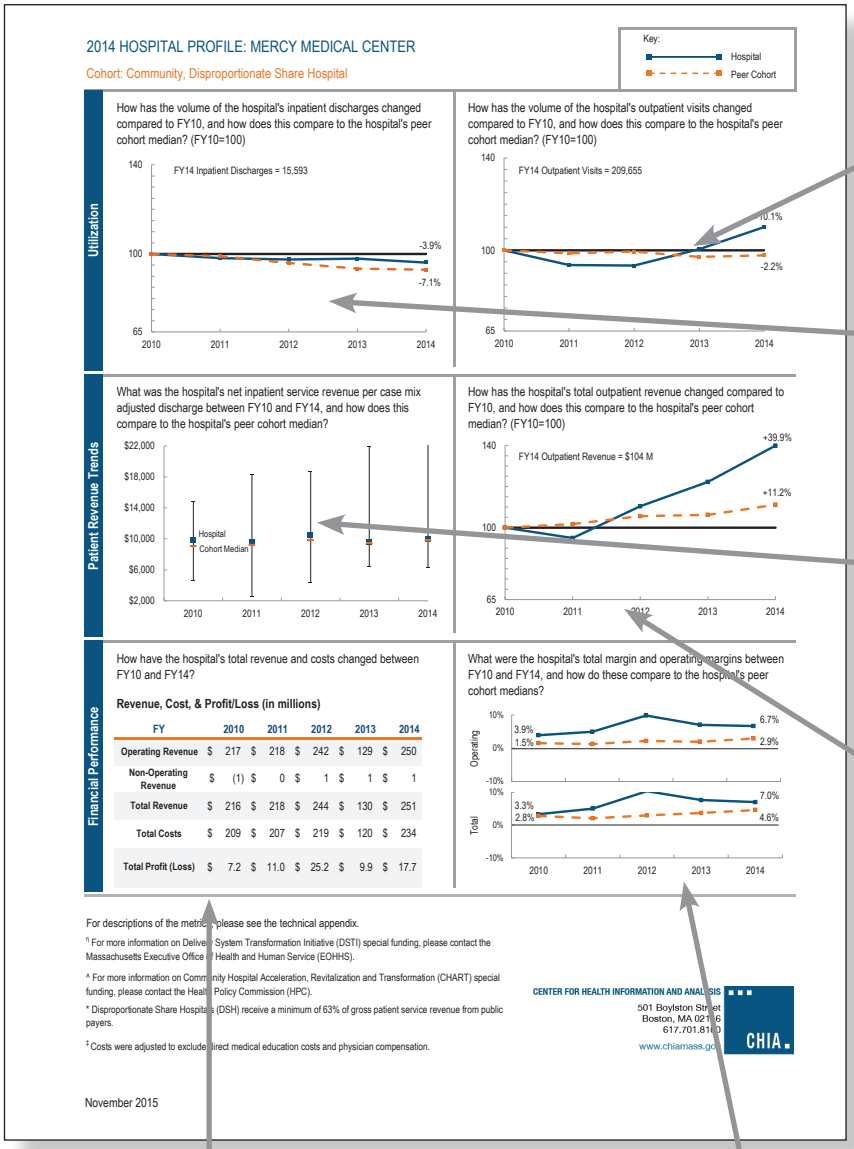
Readmissions

This measure is designed to follow adult patients for 30 days from discharge and determine whether they are admitted to a hospital during this period. The unadjusted readmission rates for 2011 and 2013 are displayed in the graph. *A lower score is better.*

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2014

Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read from these graphs, but are available in the data supplement to these reports.



Change in volume of outpatient visits

Change in volume of inpatient discharges

Change in inpatient severity-adjusted revenue per case
(i.e., per capita) among Massachusetts hospitals.

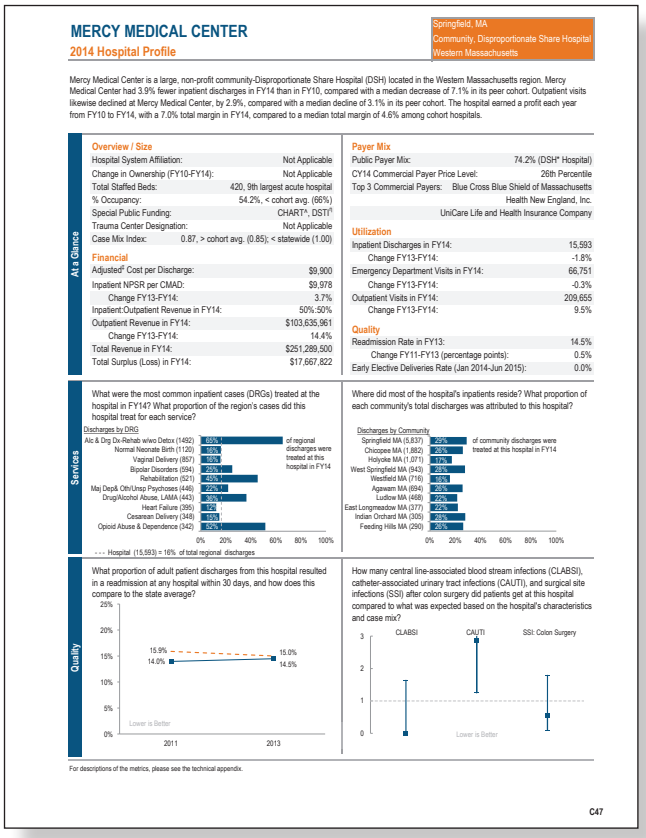
Change in total outpatient revenue
(note: **not** per unit. This metric is influenced both by unit price and by volume changes.)

Annual financial information

Total and operating margin history

MASSACHUSETTS ACUTE HOSPITAL PROFILES – FISCAL YEAR 2014

What changed from Acute Hospital Profiles – Data through Fiscal Year 2013?



MERCY MEDICAL CENTER
2014 Hospital Profile

Springfield, MA
Community, Disproportionate Share Hospital
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At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	420, 9th largest acute hospital
% Occupancy:	54.2%, < cohort avg. (66%)
Special Public Funding:	CHART[A], DSTI[B]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[C] Cost per Discharge:	$9,900
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Change FY13-FY14:	14.4%
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Payer Mix

Public Payer Mix:	74.2% (DSH* Hospital)
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Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
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Outpatient Visits in FY14:	209,655
Change FY13-FY14:	9.5%

Quality

Readmission Rate in FY13:	14.5%
Change FY11-FY13 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

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Bipolar Disorders (594) 25%
Rehabilitation (521) 45%
Maj Dep& Oth/Unsp Psychoses (446) 22%
Drug/Alcohol Abuse, LAMA (443) 36%
Heart Failure (395) 12%
Cesarean Delivery (348) 14%
Opioid Abuse & Dependence (342) 25%
of regional discharges were treated at this hospital in FY14
0% 20% 40% 60% 80% 100%
- - - Hospital (15,593) = 16% of total regional discharges

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West Springfield MA (943) 28%
Westfield MA (716) 16%
Agawam MA (694) 26%
Ludlow MA (468) 22%
East Longmeadow MA (377) 22%
Indian Orchard MA (305) 33%
Feeding Hills MA (290) 26%
of community discharges were treated at this hospital in FY14
0% 20% 40% 60% 80% 100%

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

25% 20% 15% 10% 5% 0%
15.9% 14.0% 15.0% 14.5%
Lower is Better
2011 2013

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

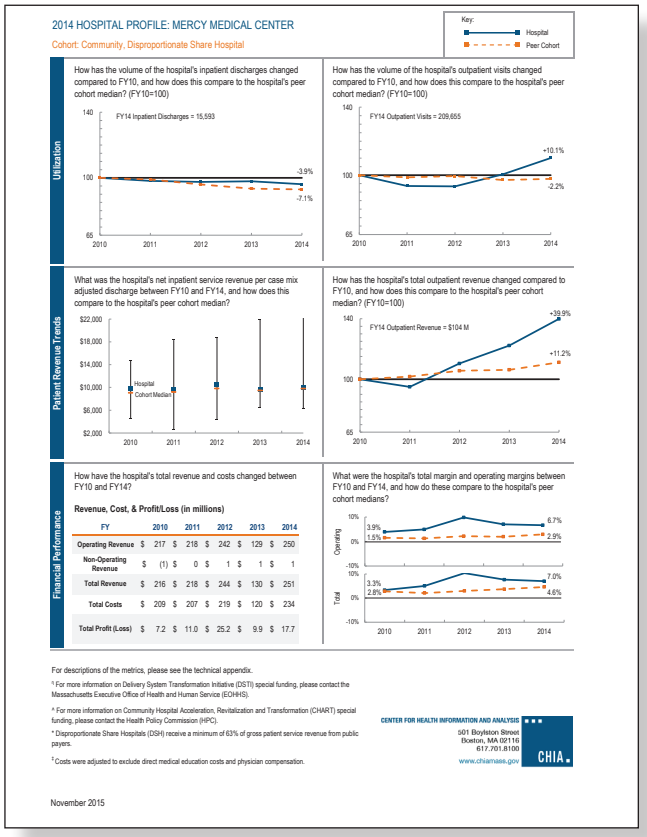
CLABSI CAUTI SSI: Colon Surgery
3 2 1 0
Lower is Better

For descriptions of the metrics, please see the technical appendix.

C47

CHIA is committed to ensuring that our customers receive quality content and service, and to help us do so, we surveyed stakeholders prior to planning this year's publication. The Hospital Profiles – FY 2014 presentation was updated to focus on the metrics and formats most valuable to our stakeholders.

In addition to an updated look, CHIA made the updates noted below to the Acute Hospital Profiles template.



2014 HOSPITAL PROFILE: MERCY MEDICAL CENTER
Cohort: Community, Disproportionate Share Hospital

Key: Hospital; Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

FY14 Inpatient Discharges = 15,593
140 100 65
-3.9% -7.1%
2010 2011 2012 2013 2014

How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

FY14 Outpatient Visits = 209,655
140 100 65
+10.1% -2.2%
2010 2011 2012 2013 2014

Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?

$22,000 $18,000 $14,000 $10,000 $6,000 $2,000
Hospital
Cohort Median
2010 2011 2012 2013 2014

How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

FY14 Outpatient Revenue = $104 M
140 100 65
+39.9% +11.2%
2010 2011 2012 2013 2014

Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 217	$ 218	$ 242	$ 129	$ 250
Non-Operating Revenue	$ (1)	$ 0	$ 1	$ 1	$ 1
Total Revenue	$ 216	$ 218	$ 244	$ 130	$ 251
Total Costs	$ 209	$ 207	$ 219	$ 120	$ 234
Total Profit (Loss)	$ 7.2	$ 11.0	$ 25.2	$ 9.9	$ 17.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?

Operating: 10% 0% -10%; 3.9% 1.5% 6.7% 2.9%
Total: 10% 0% -10%; 3.3% 2.8% 7.0% 4.6%
2010 2011 2012 2013 2014

For descriptions of the metrics, please see the technical appendix.

[B] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

[A] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[C] Costs were adjusted to exclude direct medical education costs and physician compensation.

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November 2015

1. The Growth Measures section was removed to allow for an expanded At a Glance section that includes overview, financial, payer mix, utilization, and quality sections, and growth measure data points within.
2. Select quality measures are featured on the first page of each acute hospital's profile.
3. Relative Price and payer mix figures were removed; the data points now appear in the At a Glance section.

Data for each individual acute hospital can also be found in CHIA's online databook.

BETH ISRAEL DEACONESS MEDICAL CENTER

2014 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. It is one of eight organ transplant centers in Massachusetts, and is a member of the CareGroup health care system. Over one-third of Brookline resident discharges were from Beth Israel Deaconess Medical Center. It earned a profit each year from FY10 to FY14, with a 4.4% total margin in FY14, slightly lower than the AMC median total margin of 4.7%. Its largest profit in the five-year period of $100.2M (7.1% total margin) was reported in FY13.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	703, 5th largest acute hospital
% Occupancy:	78.5%, < cohort avg. (82%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.28, < cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,185
Inpatient NPSR per CMAD:	$13,417
Change FY13-FY14:	-0.2%
Inpatient:Outpatient Revenue in FY14:	44%:56%
Outpatient Revenue in FY14:	$473,521,386
Change FY13-FY14:	3.8%
Total Revenue in FY14:	$1,448,606,866
Total Surplus (Loss) in FY14:	$63,285,000

Payer Mix

Public Payer Mix:	56.5% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	66th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

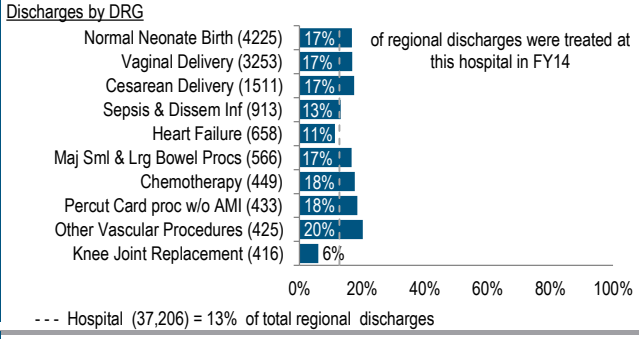
Inpatient Discharges in FY14:	37,206
Change FY13-FY14:	4.7%
Emergency Department Visits in FY14:	42,593
Change FY13-FY14:	-4.0%
Outpatient Visits in FY14:	717,827
Change FY13-FY14:	2.5%

Quality

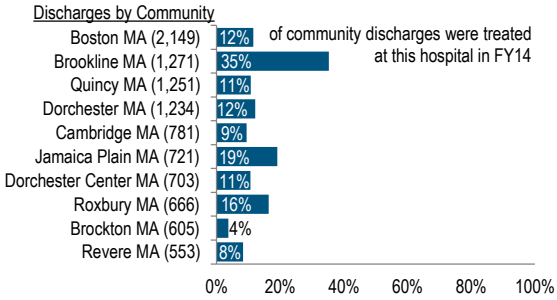
Readmission Rate in FY13:	15.7%
Change FY11-FY13 (percentage points):	-2.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

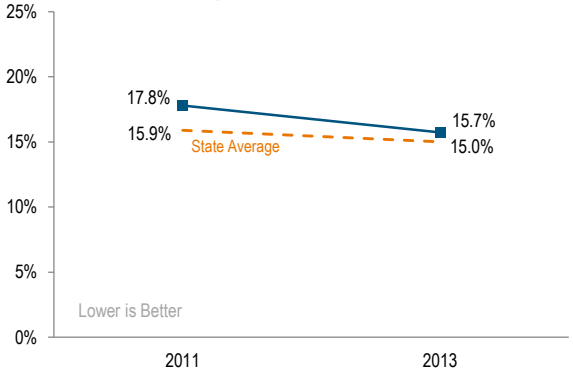


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

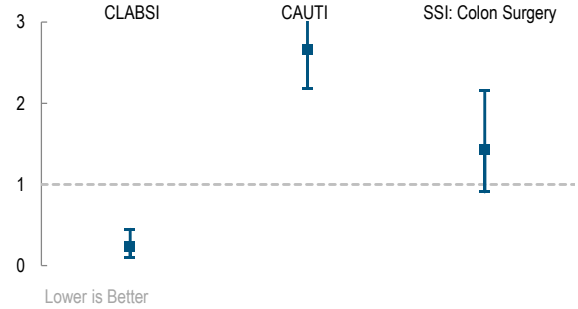


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

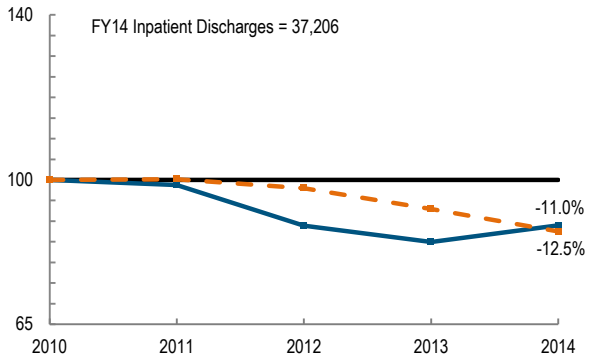
2014 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

Cohort: Academic Medical Center

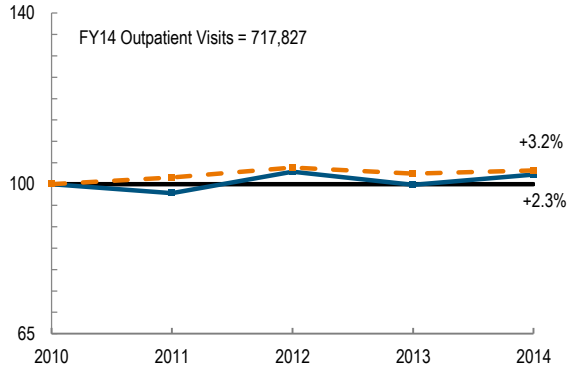
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

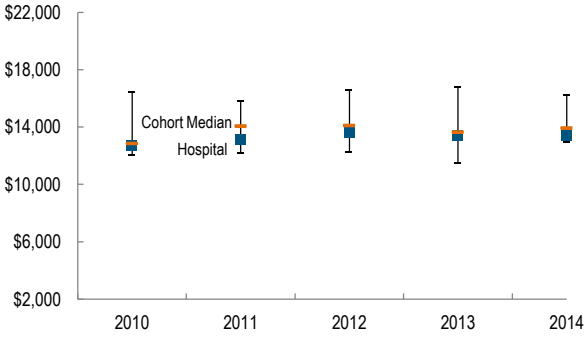


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

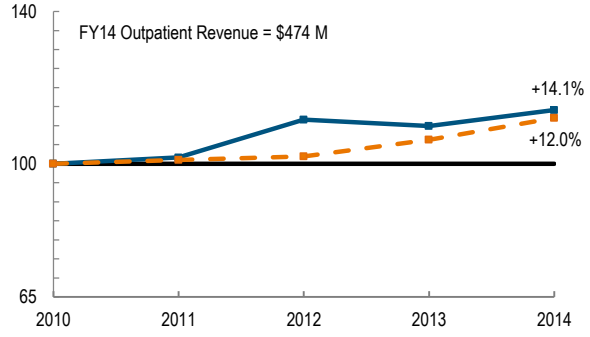


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



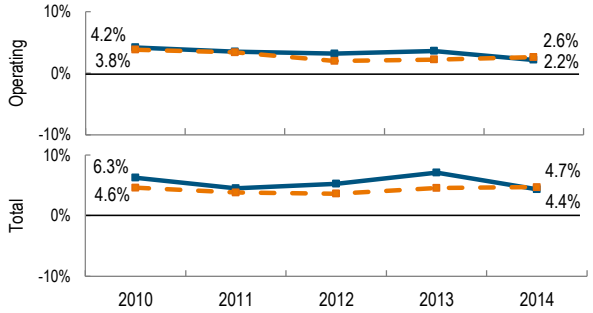
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 1,318	$ 1,368	$ 1,380	$ 1,360	$ 1,417
Non-Operating Revenue	$ 28	$ 14	$ 29	$ 49	$ 32
Total Revenue	$ 1,346	$ 1,382	$ 1,410	$ 1,410	$ 1,449
Total Costs	$ 1,262	$ 1,320	$ 1,336	$ 1,309	$ 1,385
Total Profit (Loss)	$ 84.2	$ 62.3	$ 74.0	$ 100.2	$ 63.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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BOSTON MEDICAL CENTER

2014 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Boston Medical Center (BMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. It also qualifies as a Disproportionate Share Hospital (DSH), and has the highest public payer mix of all AMCs. BMC is a teaching hospital of Boston University School of Medicine. It is the state's seventh largest hospital, and one of eight organ transplant centers in Massachusetts. BMC treated 23% of all asthma cases in Metro Boston, though it accounted for only 9% of total regional discharges. BMC was profitable from FY12 to FY14, reporting its greatest surplus in FY14 at $55.5M (5.0% total margin).

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	470, 7th largest acute hospital
% Occupancy:	74.0%, lowest in cohort (avg. 82%)
Special Public Funding:	DSTI[η]
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.10, < cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$13,631
Inpatient NPSR per CMAD:	$14,216
Change FY13-FY14:	2.5%
Inpatient:Outpatient Revenue in FY14:	32%:68%
Outpatient Revenue in FY14:	$702,800,111
Change FY13-FY14:	12.6%
Total Revenue in FY14:	$1,108,936,000
Total Surplus (Loss) in FY14:	$55,503,000

Payer Mix

Public Payer Mix:	77.8% (DSH* Hospital)
CY14 Commercial Payer Price Level:	58th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

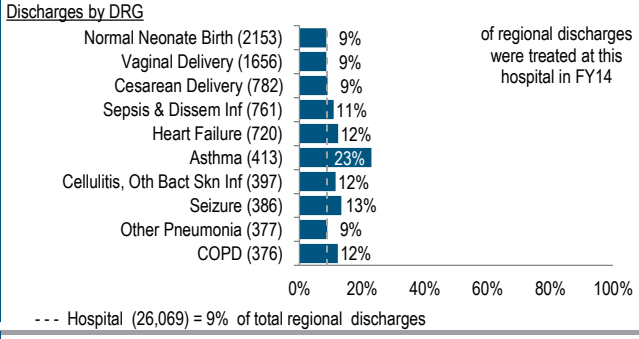
Inpatient Discharges in FY14:	26,069
Change FY13-FY14:	0.2%
Emergency Department Visits in FY14:	128,839
Change FY13-FY14:	-0.7%
Outpatient Visits in FY14:	1,617,480
Change FY13-FY14:	6.1%

Quality

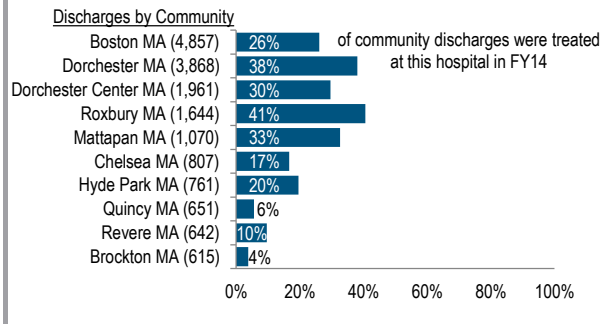
Readmission Rate in FY13:	16.3%
Change FY11-FY13 (percentage points):	-1.3%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	8.9%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

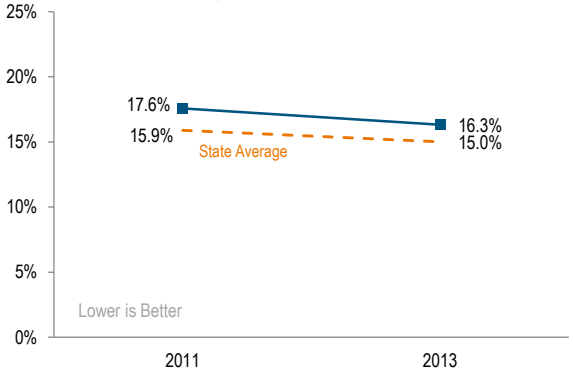


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

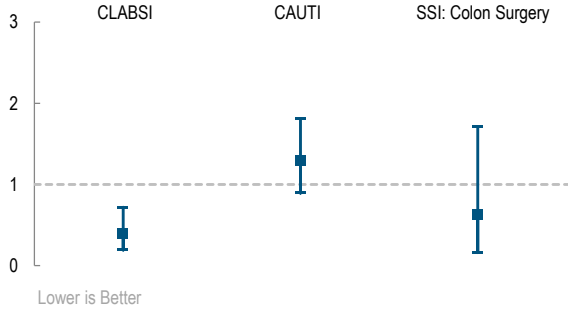


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

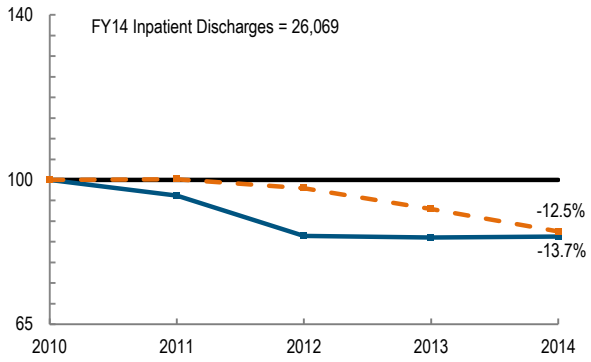
2014 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

Cohort: Academic Medical Center

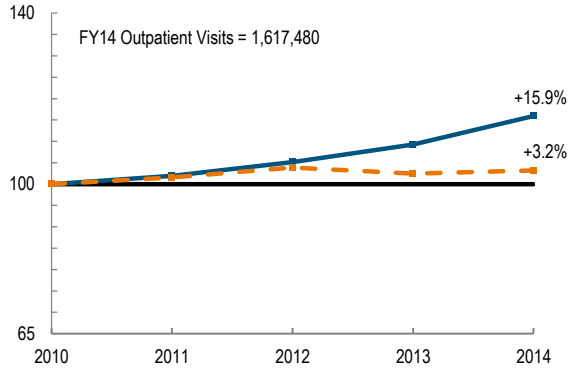
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

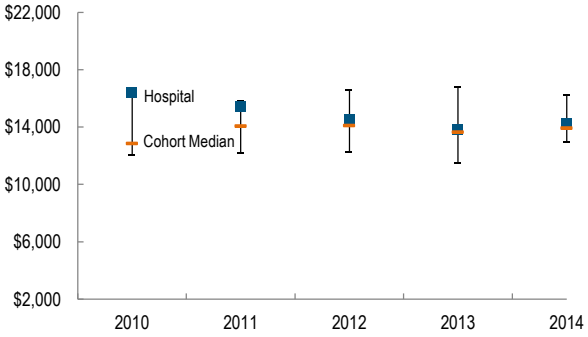


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

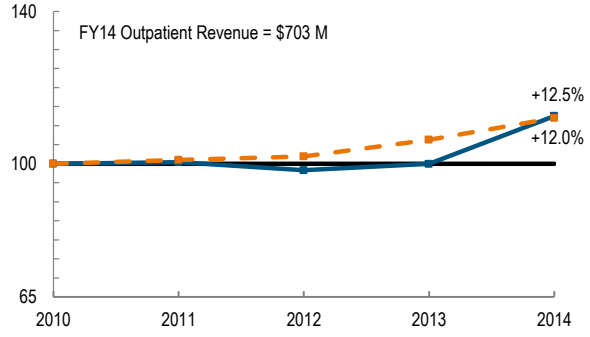


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



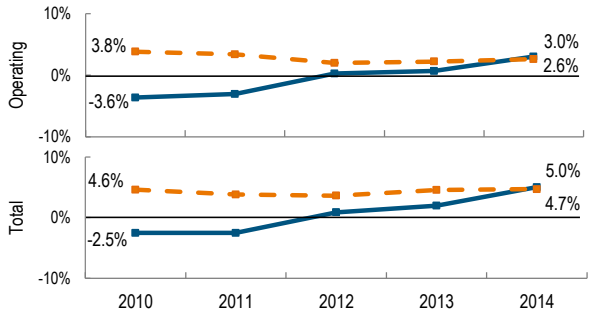
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 1,006	$ 980	$ 1,011	$ 1,016	$ 1,087
Non-Operating Revenue	$ 11	$ 5	$ 6	$ 13	$ 22
Total Revenue	$ 1,017	$ 985	$ 1,017	$ 1,029	$ 1,109
Total Costs	$ 1,043	$ 1,010	$ 1,008	$ 1,009	$ 1,053
Total Profit (Loss)	$ (25.7)	$ (25.1)	$ 8.8	$ 20.0	$ 55.5

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[†] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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BRIGHAM AND WOMEN'S HOSPITAL

2014 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Brigham and Women's Hospital is a non-profit academic medical center (AMC) located in the Metro Boston region. Within Massachusetts, it is the second largest hospital, has the highest number of births at any hospital, and is designated as one of eight organ transplant centers in the state. It is a member of Partners HealthCare System. Its operating and total margins remained fairly steady from FY10 to FY14, with a 6.0% total margin in FY14, higher than its peer cohort median total margin of 4.7%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	851, 2nd largest acute hospital
% Occupancy:	83.1%, > cohort avg. (82%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.51, > cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$14,505
Inpatient NPSR per CMAD:	$15,913
Change FY13-FY14:	-5.1%
Inpatient:Outpatient Revenue in FY14:	60%:40%
Outpatient Revenue in FY14:	$675,727,004
Change FY13-FY14:	14.2%
Total Revenue in FY14:	$2,538,005,000
Total Surplus (Loss) in FY14:	$151,657,000

Payer Mix

Public Payer Mix:	51.4% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	93rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

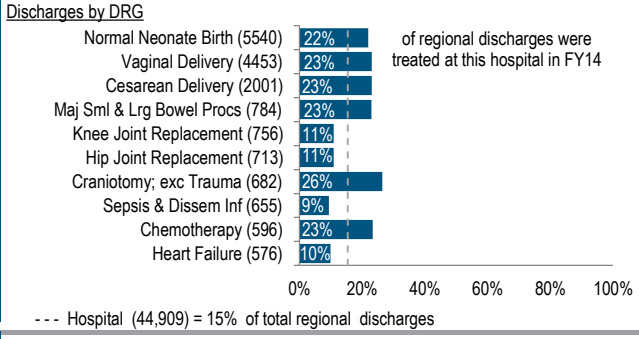
Inpatient Discharges in FY14:	44,909
Change FY13-FY14:	-8.6%
Emergency Department Visits in FY14:	59,718
Change FY13-FY14:	-0.3%
Outpatient Visits in FY14:	645,563
Change FY13-FY14:	-0.3%

Quality

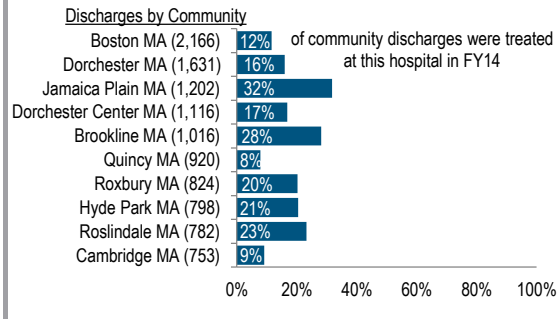
Readmission Rate in FY13:	15.4%
Change FY11-FY13 (percentage points):	-0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	3.7%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

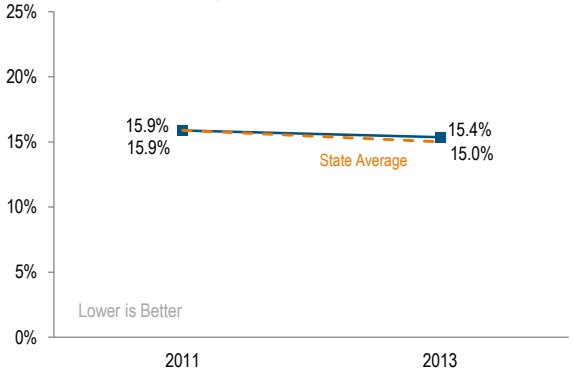


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

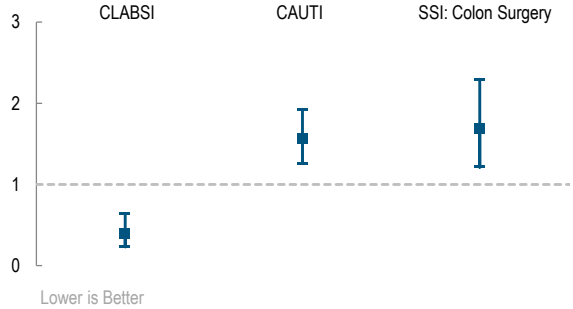


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

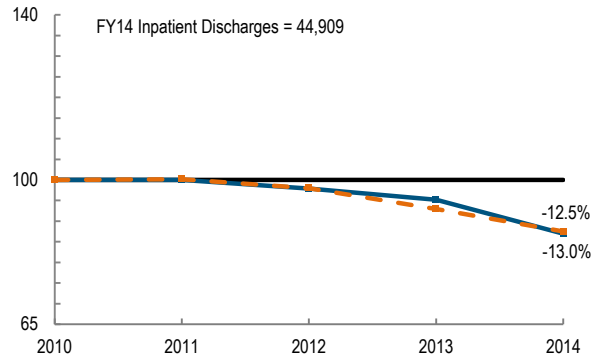
2014 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

Cohort: Academic Medical Center

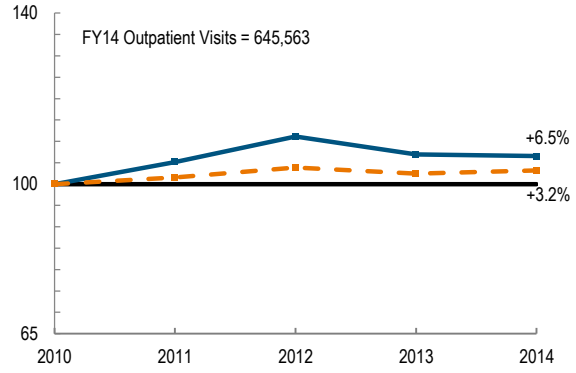
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

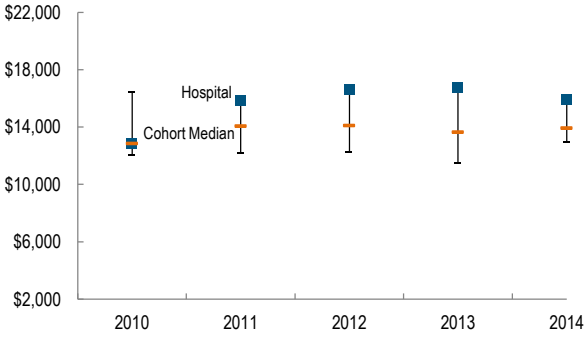


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

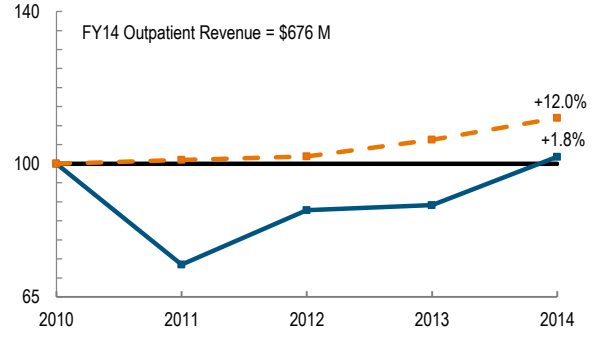


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



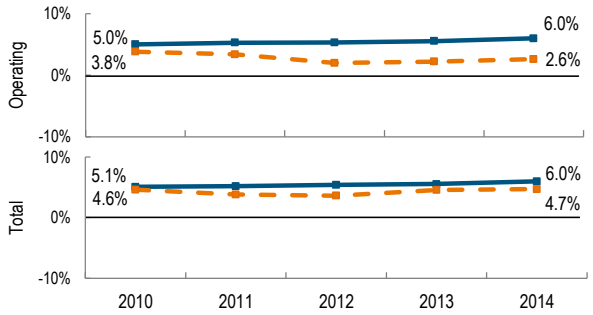
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 2,210	$ 2,356	$ 2,455	$ 2,517	$ 2,538
Non-Operating Revenue	$ 1	$ (3)	$ 2	$ (0)	$ 0
Total Revenue	$ 2,212	$ 2,353	$ 2,457	$ 2,516	$ 2,538
Total Costs	$ 2,100	$ 2,231	$ 2,325	$ 2,377	$ 2,386
Total Profit (Loss)	$ 112.1	$ 122.0	$ 132.2	$ 139.0	$ 151.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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MASSACHUSETTS GENERAL HOSPITAL

2014 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the largest hospital in Massachusetts, with 1,043 staffed beds; it is also the oldest hospital in Massachusetts. It is a teaching hospital of Harvard Medical School and a member of Partners HealthCare System. MGH is one of eight organ transplant centers in Massachusetts. MGH earned a profit each year from FY10 to FY14, with a 6.0% total margin in FY14, slightly higher than the median total margin of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	1,043, largest acute hospital
% Occupancy:	81.2%, < cohort avg. (82%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.41, > cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$12,998
Inpatient NPSR per CMAD:	$16,224
Change FY13-FY14:	0.0%
Inpatient:Outpatient Revenue in FY14:	50%:50%
Outpatient Revenue in FY14:	$1,110,373,403
Change FY13-FY14:	2.7%
Total Revenue in FY14:	$3,339,296,000
Total Surplus (Loss) in FY14:	$200,086,000

Payer Mix

Public Payer Mix:	56.2% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	90th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

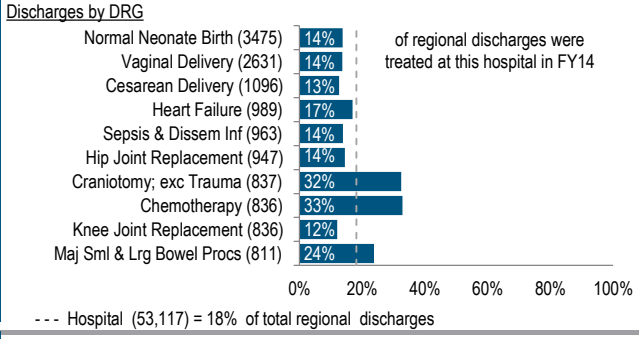
Inpatient Discharges in FY14:	53,117
Change FY13-FY14:	1.8%
Emergency Department Visits in FY14:	102,705
Change FY13-FY14:	2.2%
Outpatient Visits in FY14:	943,929
Change FY13-FY14:	-2.2%

Quality

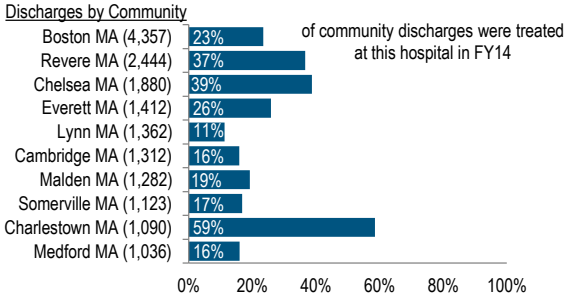
Readmission Rate in FY13:	14.2%
Change FY11-FY13 (percentage points):	-0.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

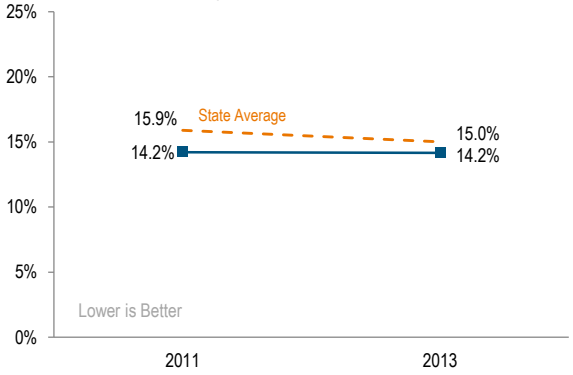


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

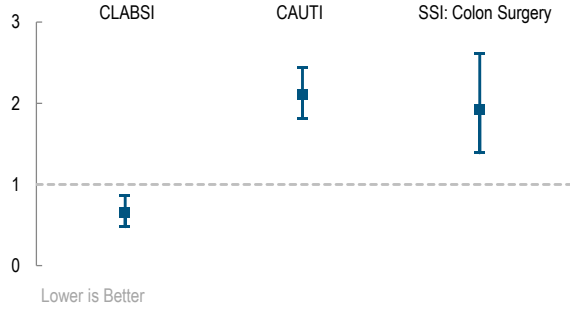


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

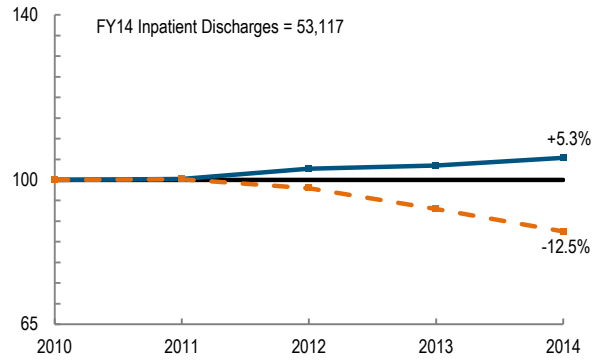
2014 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

Cohort: Academic Medical Center

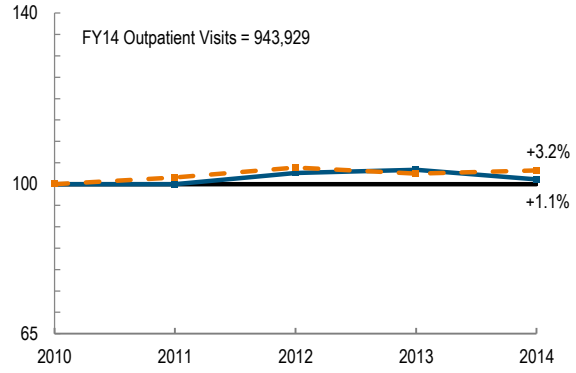
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

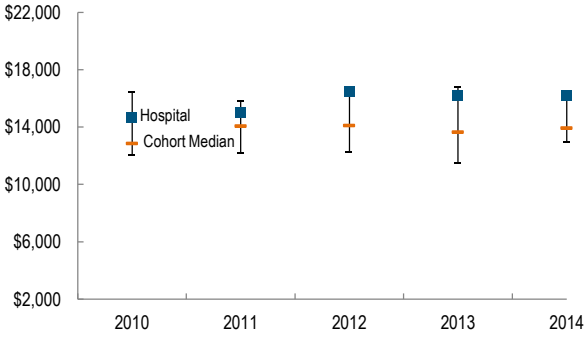


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

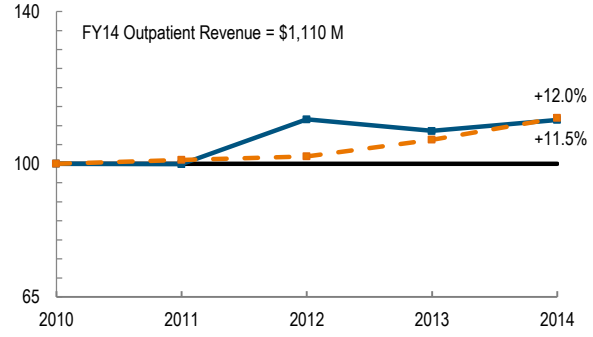


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



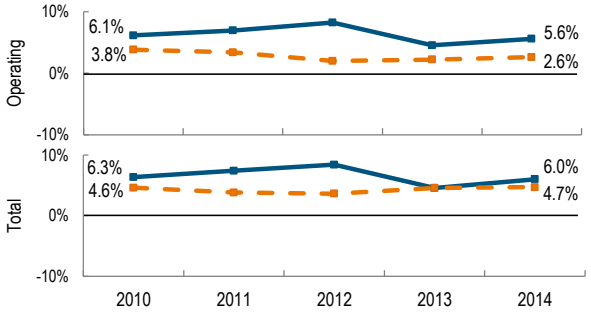
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 2,859	$ 3,021	$ 3,255	$ 3,271	$ 3,326
Non-Operating Revenue	$ 6	$ 13	$ 6	$ 1	$ 13
Total Revenue	$ 2,865	$ 3,033	$ 3,260	$ 3,272	$ 3,339
Total Costs	$ 2,683	$ 2,810	$ 2,987	$ 3,123	$ 3,139
Total Profit (Loss)	$ 181.3	$ 223.9	$ 273.6	$ 149.2	$ 200.1

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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TUFTS MEDICAL CENTER

2014 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Floating Hospital for Children, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of eight organ transplant centers in Massachusetts. In FY14, it had the highest case mix index (indicating severity of cases) among AMCs. Tufts Medical Center was profitable from FY10 to FY14, with a total margin of 2.8% in FY14, compared to a median total margin of 4.7% among AMCs.

At a Glance

Overview / Size

Hospital System Affiliation:	Wellforce
Change in Ownership (FY10-FY14):	Wellforce- 2014 (FY15)
Total Staffed Beds:	273, among the larger acute hospitals
% Occupancy:	93.1%, highest in cohort (avg. 82%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.57, > cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,758
Inpatient NPSR per CMAD:	$13,651
Change FY13-FY14:	2.0%
Inpatient:Outpatient Revenue in FY14:	51%:49%
Outpatient Revenue in FY14:	$226,579,926
Change FY13-FY14:	14.2%
Total Revenue in FY14:	$700,319,169
Total Surplus (Loss) in FY14:	$19,739,000

Payer Mix

Public Payer Mix:	60.0% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	69th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

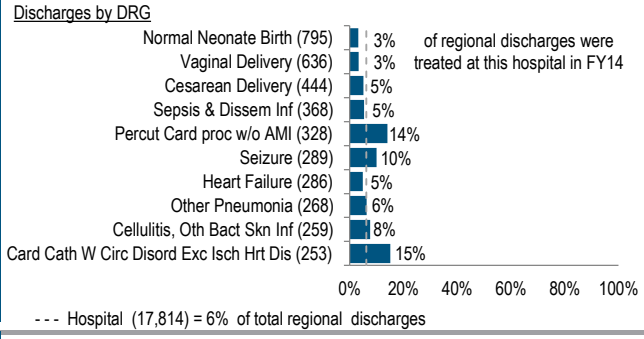
Inpatient Discharges in FY14:	17,814
Change FY13-FY14:	-10.5%
Emergency Department Visits in FY14:	41,343
Change FY13-FY14:	0.7%
Outpatient Visits in FY14:	411,264
Change FY13-FY14:	2.7%

Quality

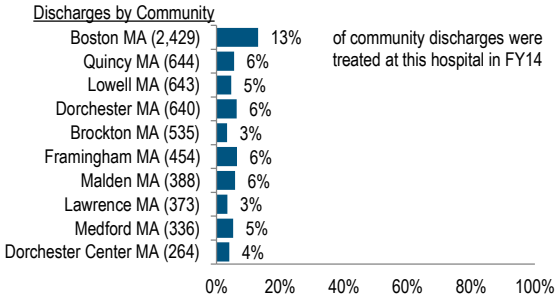
Readmission Rate in FY13:	17.0%
Change FY11-FY13 (percentage points):	-1.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	5.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

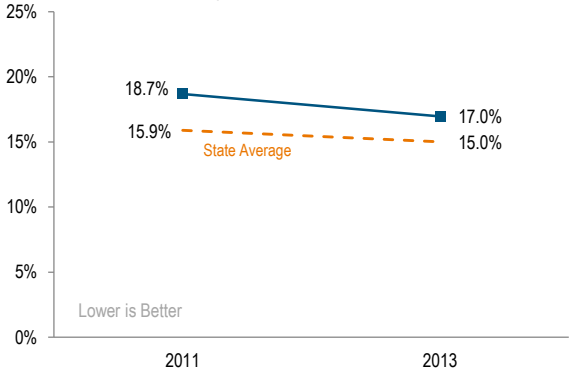


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



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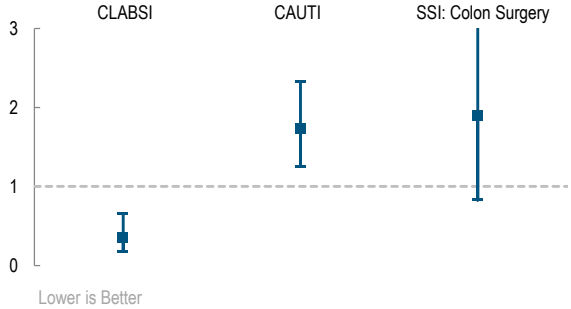


For descriptions of the metrics, please see the technical appendix.

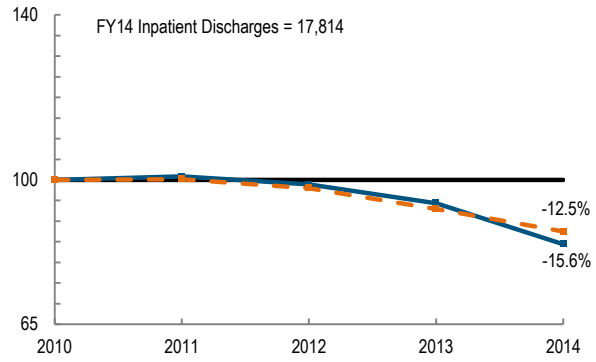
2014 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

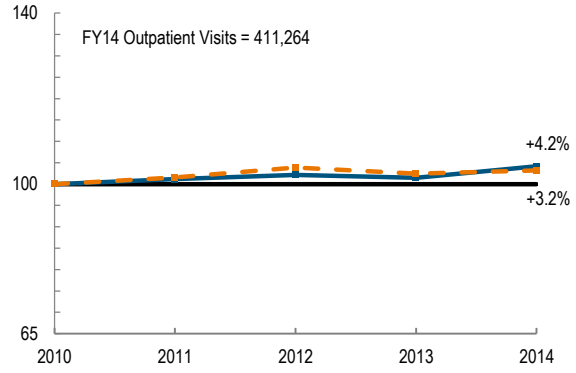
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

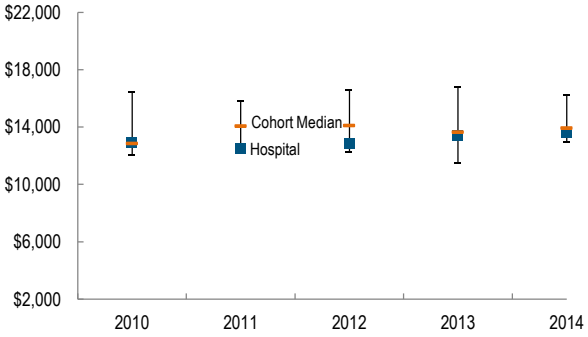


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

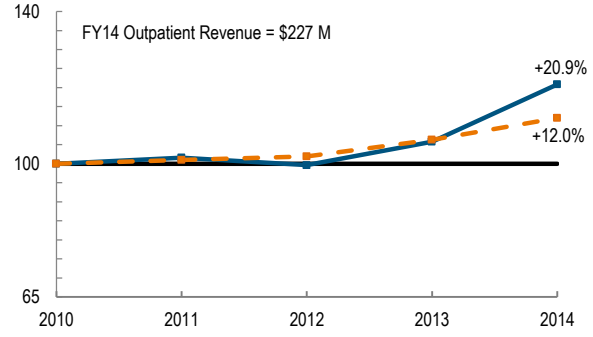


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



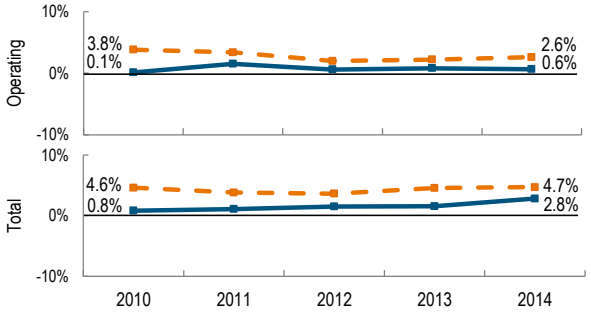
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 638	$ 675	$ 667	$ 656	$ 685
Non-Operating Revenue	$ 5	$ (3)	$ 6	$ 5	$ 15
Total Revenue	$ 643	$ 672	$ 673	$ 661	$ 700
Total Costs	$ 638	$ 665	$ 663	$ 651	$ 681
Total Profit (Loss)	$ 5.3	$ 7.3	$ 10.0	$ 10.2	$ 19.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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UMASS MEMORIAL MEDICAL CENTER

2014 Hospital Profile

Worcester, MA
Academic Medical Center
Central Massachusetts

UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of the UMass Memorial Health Care system and one of eight organ transplant centers in Massachusetts. It also qualifies as a Disproportionate Share Hospital (DSH). Inpatient discharges decreased 12% at the hospital between FY10 and FY14, consistent with the median performance of its peer cohort. UMass Memorial earned a profit each year from FY10 to FY14, with a total margin of 1.3% in FY14, lower than the peer cohort hospital median total margin of 4.7%.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	719, 4th largest acute hospital
% Occupancy:	79.2%, < cohort avg. (82%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.26, < cohort avg. (1.35); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,743
Inpatient NPSR per CMAD:	$12,925
Change FY13-FY14:	12.4%
Inpatient:Outpatient Revenue in FY14:	44%:56%
Outpatient Revenue in FY14:	$595,744,781
Change FY13-FY14:	2.4%
Total Revenue in FY14:	$1,523,219,000
Total Surplus (Loss) in FY14:	$19,830,000

Payer Mix

Public Payer Mix:	64.3% (DSH* Hospital)
CY14 Commercial Payer Price Level:	72nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Fallon Health and Life Assurance Company
	Harvard Pilgrim Health Care

Utilization

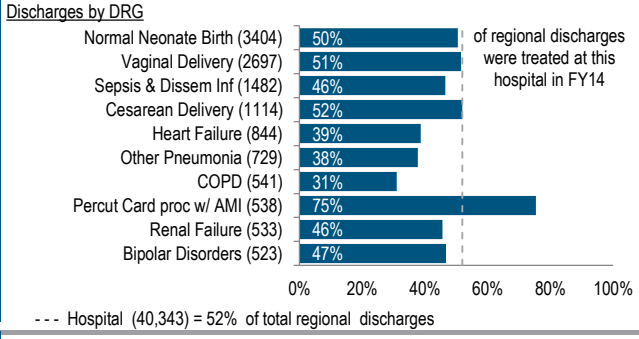
Inpatient Discharges in FY14:	40,343
Change FY13-FY14:	-3.9%
Emergency Department Visits in FY14:	132,110
Change FY13-FY14:	-2.1%
Outpatient Visits in FY14:	996,867
Change FY13-FY14:	0.7%

Quality

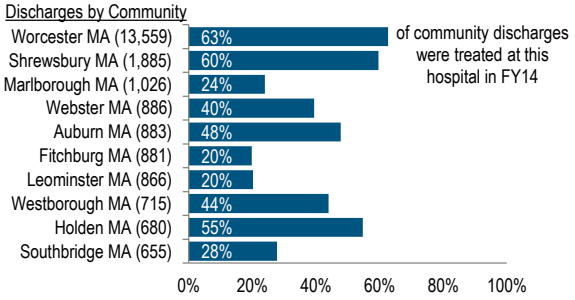
Readmission Rate in FY13:	16.4%
Change FY11-FY13 (percentage points):	-0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

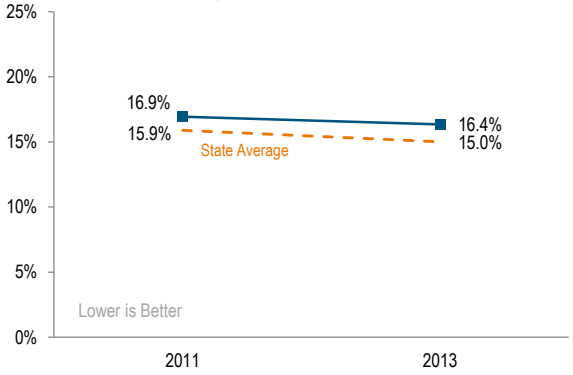


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

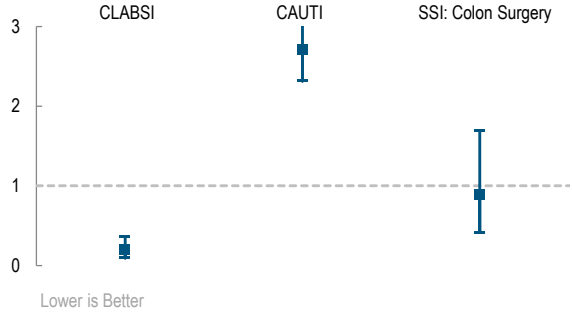


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

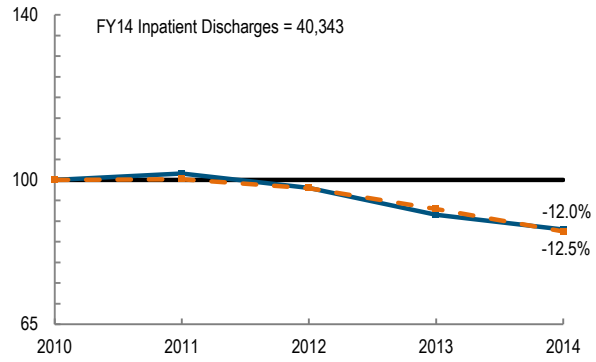
2014 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

Cohort: Academic Medical Center

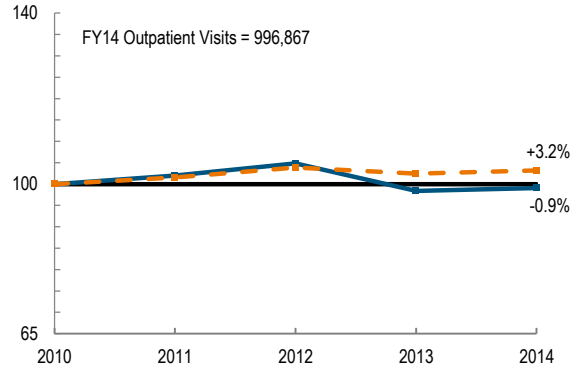
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

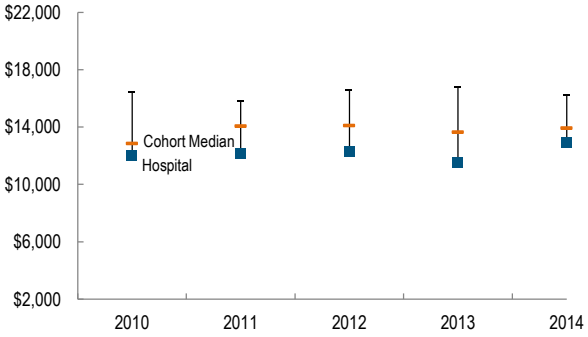


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

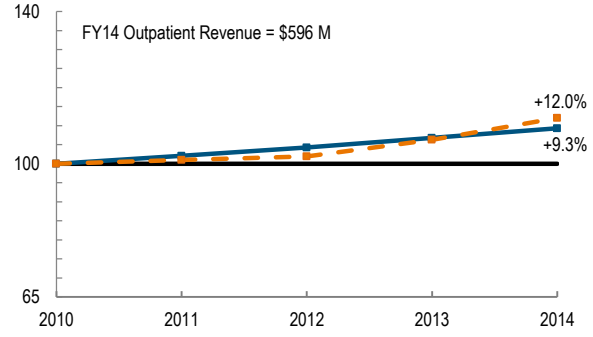


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



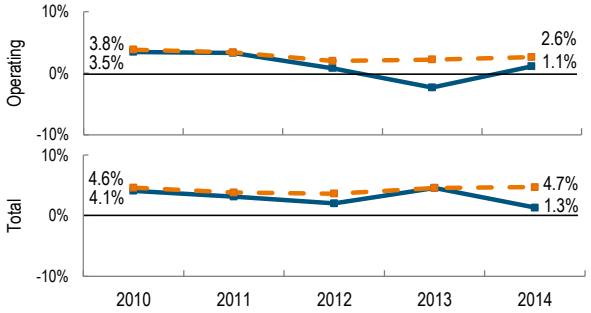
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 1,391	$ 1,375	$ 1,380	$ 1,408	$ 1,521
Non-Operating Revenue	$ 9	$ (2)	$ 17	$ 104	$ 3
Total Revenue	$ 1,400	$ 1,373	$ 1,396	$ 1,512	$ 1,523
Total Costs	$ 1,343	$ 1,330	$ 1,368	$ 1,443	$ 1,503
Total Profit (Loss)	$ 57.2	$ 42.9	$ 27.8	$ 68.9	$ 19.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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BAYSTATE MEDICAL CENTER

2014 Hospital Profile

Springfield, MA
Teaching Hospital
Western Massachusetts

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third largest acute hospital in Massachusetts, with 767 staffed beds. It is a member of the Baystate Health system and qualifies as a Disproportionate Share Hospital (DSH). It is the only Level 1 Trauma Center its region, the only Pediatric Trauma Center in its region, and one of eight organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY10 to FY14, with an 8.9% total margin in FY14, similar to the median among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	767, 3rd largest acute hospital
% Occupancy:	69.9%, < cohort avg. (73%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.13, > cohort avg. (0.99); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$8,950
Inpatient NPSR per CMAD:	$12,376
Change FY13-FY14:	3.1%
Inpatient:Outpatient Revenue in FY14:	47%:53%
Outpatient Revenue in FY14:	$401,958,799
Change FY13-FY14:	6.1%
Total Revenue in FY14:	$1,080,564,000
Total Surplus (Loss) in FY14:	$96,280,000

Payer Mix

Public Payer Mix:	68.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	60th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Cigna Health and Life Ins. Co. (EAST)

Utilization

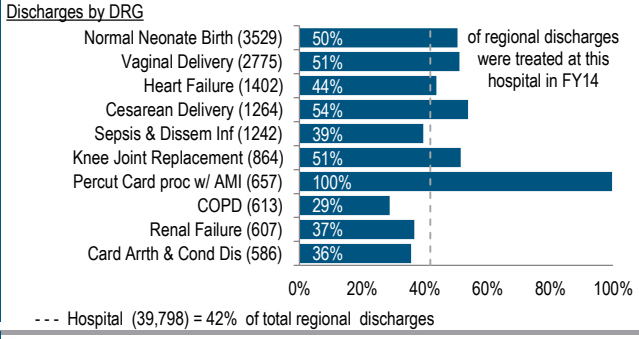
Inpatient Discharges in FY14:	39,798
Change FY13-FY14:	2.3%
Emergency Department Visits in FY14:	102,701
Change FY13-FY14:	2.4%
Outpatient Visits in FY14:	443,166
Change FY13-FY14:	-0.7%

Quality

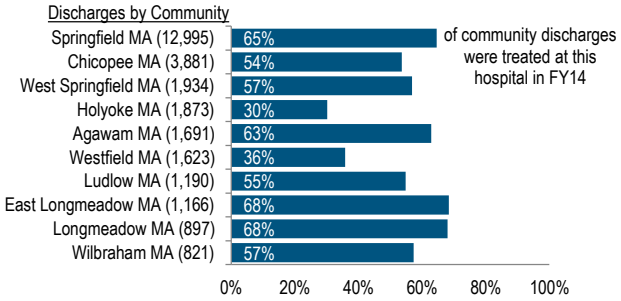
Readmission Rate in FY13:	14.7%
Change FY11-FY13 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.9%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

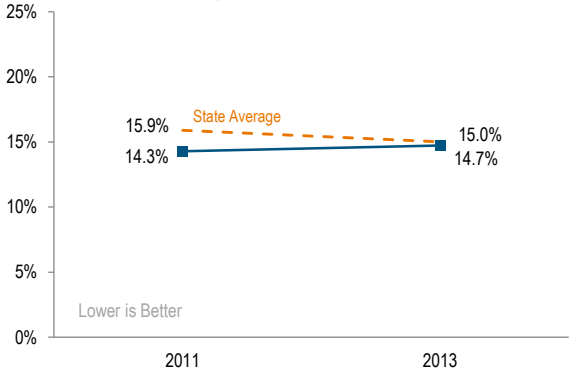


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

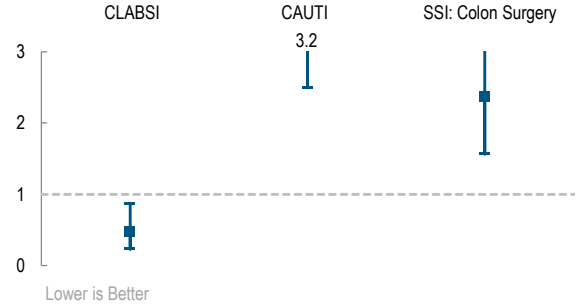


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

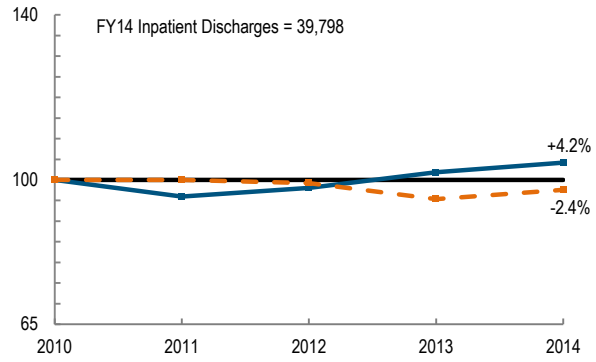
2014 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

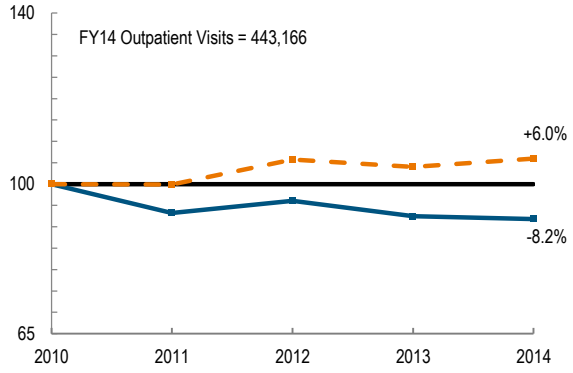
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

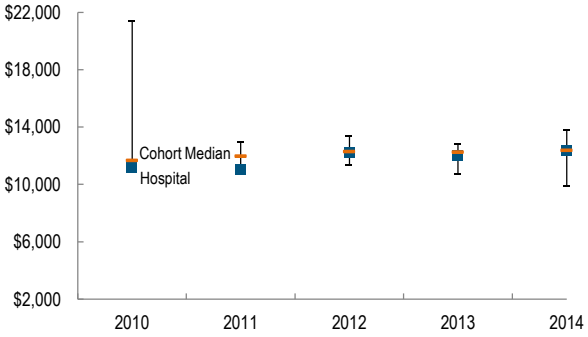


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

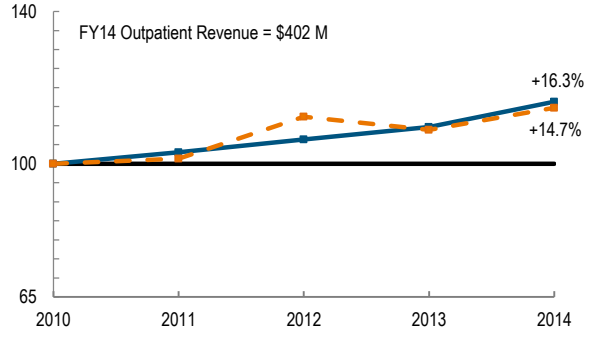


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



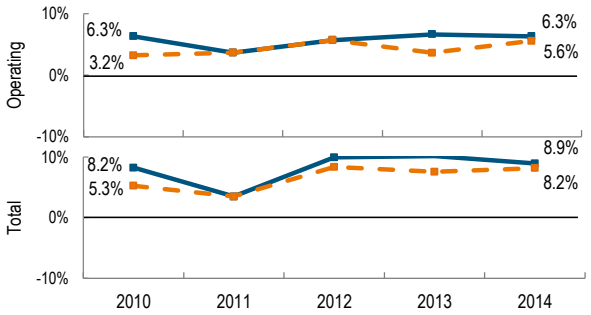
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 879	$ 878	$ 940	$ 996	$ 1,053
Non-Operating Revenue	$ 17	$ (2)	$ 42	$ 36	$ 28
Total Revenue	$ 897	$ 877	$ 982	$ 1,032	$ 1,081
Total Costs	$ 823	$ 846	$ 884	$ 927	$ 984
Total Profit (Loss)	$ 73.8	$ 30.5	$ 97.6	$ 104.7	$ 96.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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BERKSHIRE MEDICAL CENTER

2014 Hospital Profile

Pittsfield, MA
Teaching Hospital
Western Massachusetts

Berkshire Medical Center is a mid-size, non-profit teaching hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems and qualifies as a Disproportionate Share Hospital (DSH). It has operated the Berkshire North Satellite Emergency Facility at the former North Adams Regional Hospital building since May 2014; consequently, there was a 14.2% increase in emergency room visits from FY13 to FY14. Between FY10 and FY14, there was a 49.7% increase in outpatient visits at Berkshire Medical Center, and 17.9% growth between FY13 and FY14. It earned a profit each year in the five-year period, with a total margin of 9.7% in FY14, above the median total margin of 8.2% in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Berkshire Health Systems
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	204, mid-size acute hospital
% Occupancy:	82.8%, highest in cohort (avg. 73%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.92, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$11,742
Inpatient NPSR per CMAD:	$12,050
Change FY13-FY14:	-1.7%
Inpatient:Outpatient Revenue in FY14:	34%:66%
Outpatient Revenue in FY14:	$212,526,692
Change FY13-FY14:	18.2%
Total Revenue in FY14:	$400,743,617
Total Surplus (Loss) in FY14:	$38,831,682

Payer Mix

Public Payer Mix:	70.0% (DSH* Hospital)
CY14 Commercial Payer Price Level:	81st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Tufts Associated Health Maintenance Org.

Utilization

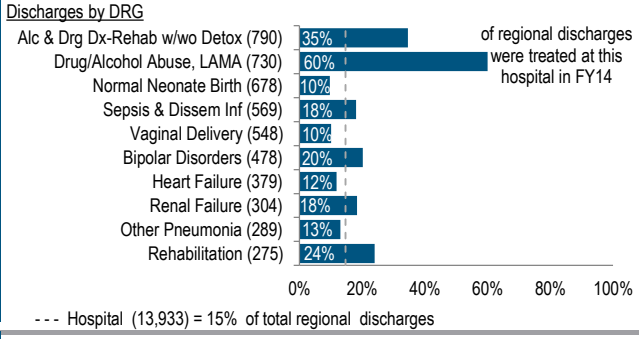
Inpatient Discharges in FY14:	13,933
Change FY13-FY14:	3.8%
Emergency Department Visits in FY14:	54,175
Change FY13-FY14:	14.2%
Outpatient Visits in FY14:	274,877
Change FY13-FY14:	17.9%

Quality

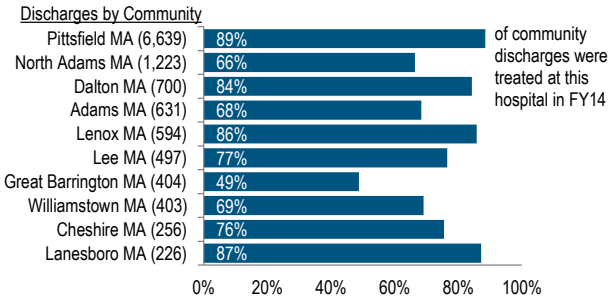
Readmission Rate in FY13:	16.1%
Change FY11-FY13 (percentage points):	0.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

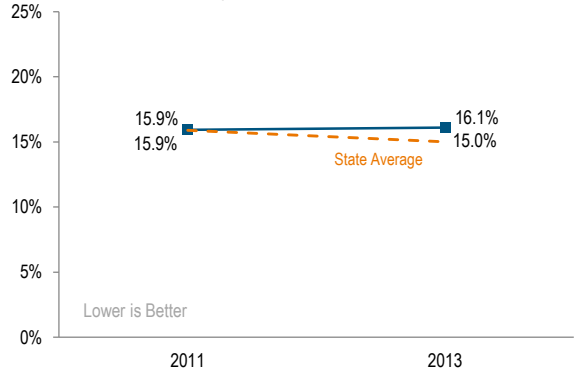


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

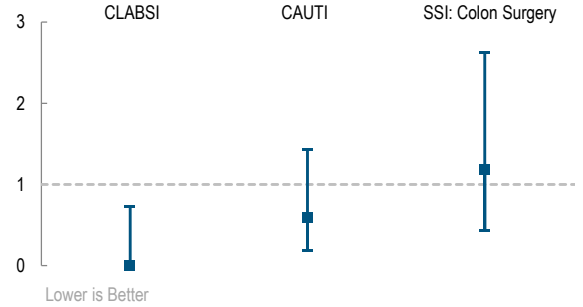


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

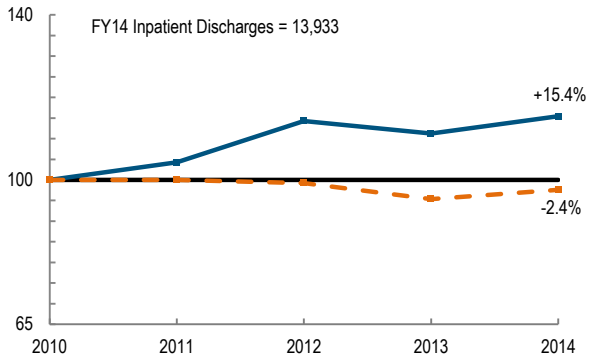
2014 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

Cohort: Teaching Hospital

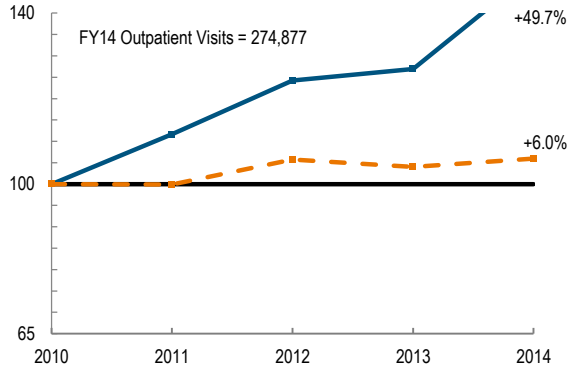
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

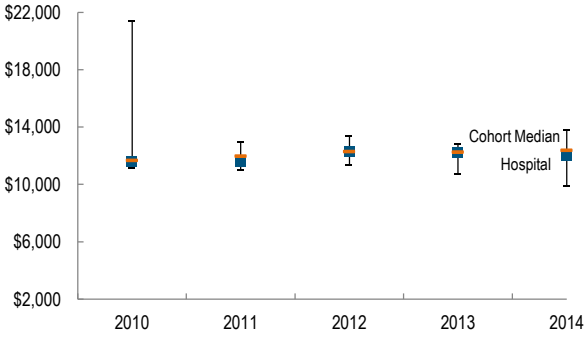


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

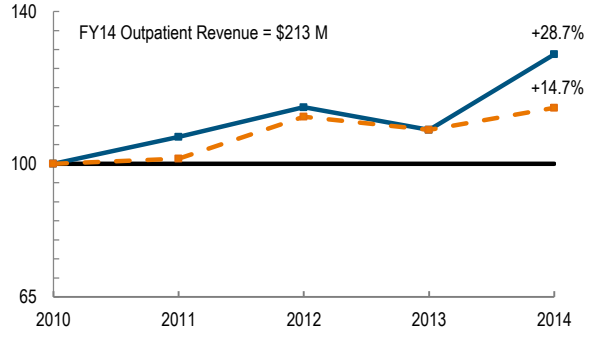


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



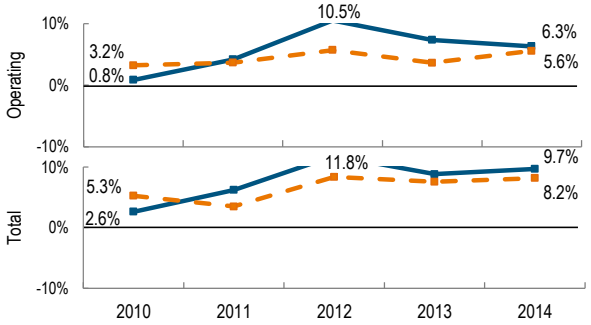
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 310	$ 332	$ 363	$ 351	$ 387
Non-Operating Revenue	$ 6	$ 7	$ 5	$ 5	$ 14
Total Revenue	$ 316	$ 339	$ 368	$ 356	$ 401
Total Costs	$ 308	$ 318	$ 324	$ 325	$ 362
Total Profit (Loss)	$ 8.3	$ 21.0	$ 43.4	$ 31.3	$ 38.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

2014 Hospital Profile

Boston, MA
Teaching Hospital
Metro Boston

Brigham and Women's Faulkner Hospital is a non-profit teaching hospital located in the Metro Boston region. It is a mid-sized acute hospitals in Massachusetts and is a member of Partners HealthCare System. Though it only accounted for 3% of total regional discharges in FY14, it treated 22% of Alcohol Abuse and Dependence cases and 21% of Mastectomy Procedures in Metro Boston. Outpatient visits at the hospital decreased 30% between FY10 and FY14, while there was a median increase of 6.0% in its peer cohort during that period. The hospital had the highest total margin in the five year period in FY14 at 4.4%, though still lower than its peer cohort's median total margin of 8.2%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	138, mid-size acute hospital
% Occupancy:	67.9%, lowest in cohort (avg. 73%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.85, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$14,148
Inpatient NPSR per CMAD:	$13,132
Change FY13-FY14:	12.6%
Inpatient:Outpatient Revenue in FY14:	32%:68%
Outpatient Revenue in FY14:	$111,096,923
Change FY13-FY14:	-1.0%
Total Revenue in FY14:	$208,020,000
Total Surplus (Loss) in FY14:	$9,177,000

Payer Mix

Public Payer Mix:	55.7% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	71st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

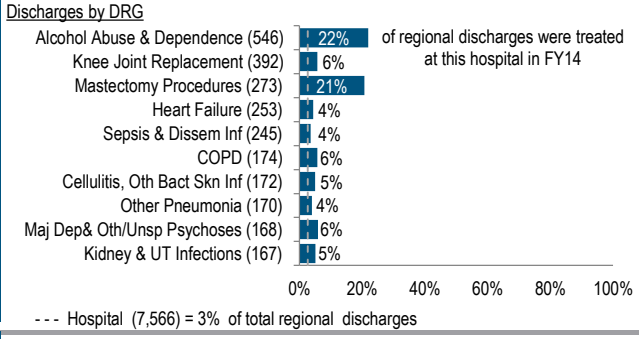
Inpatient Discharges in FY14:	7,566
Change FY13-FY14:	4.9%
Emergency Department Visits in FY14:	22,215
Change FY13-FY14:	-15.0%
Outpatient Visits in FY14:	37,353
Change FY13-FY14:	-23.3%

Quality

Readmission Rate in FY13:	14.6%
Change FY11-FY13 (percentage points):	-0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

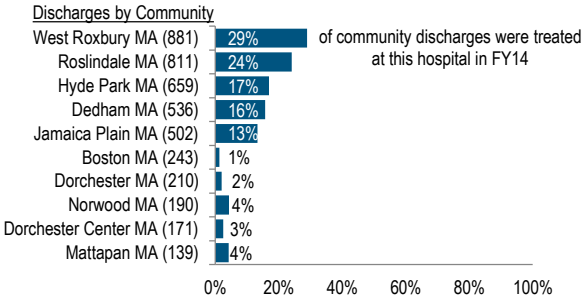
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



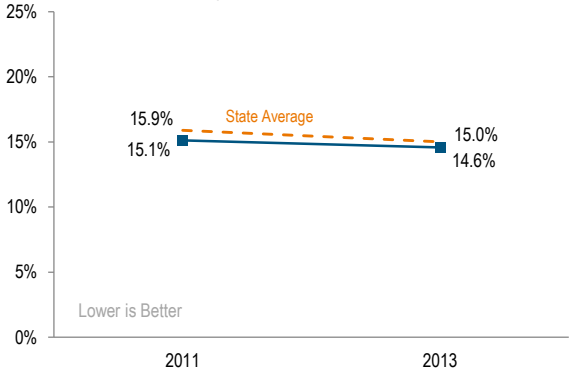
- - - Hospital (7,566) = 3% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

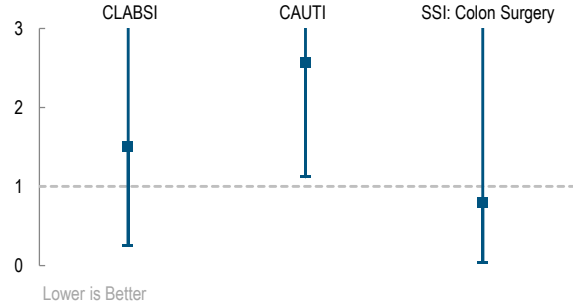


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

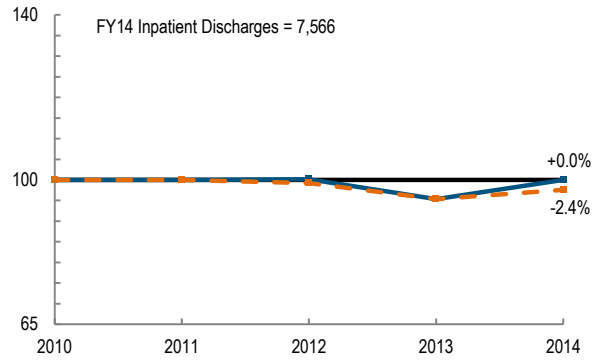
2014 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Teaching Hospital

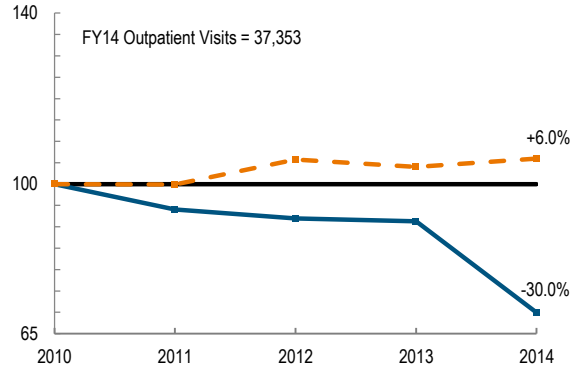
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

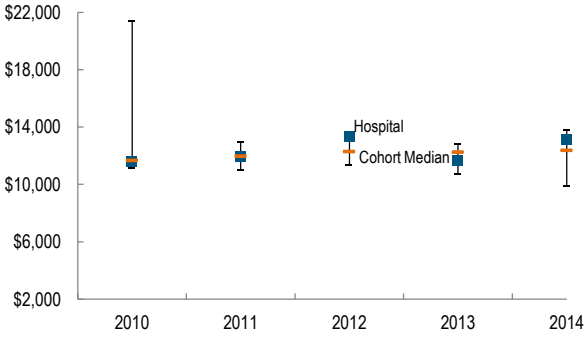


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

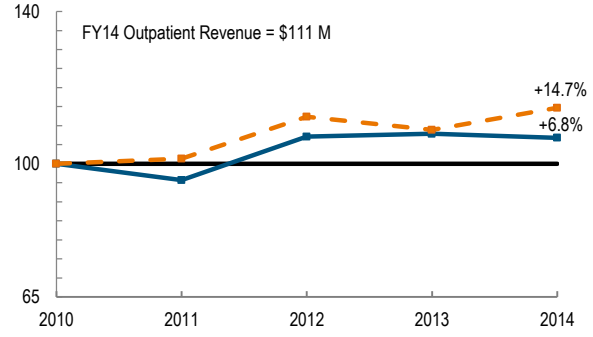


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



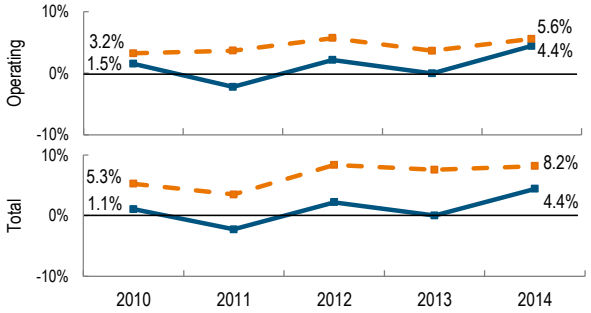
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 184	$ 181	$ 198	$ 193	$ 208
Non-Operating Revenue	$ (1)	$ (0)	$ 0	$ 0	$ (0)
Total Revenue	$ 183	$ 181	$ 198	$ 193	$ 208
Total Costs	$ 181	$ 186	$ 194	$ 193	$ 199
Total Profit (Loss)	$ 1.9	$ (4.1)	$ 4.4	$ (0.0)	$ 9.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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CAMBRIDGE HEALTH ALLIANCE

2014 Hospital Profile

Cambridge, Somerville, and Everett, MA
Teaching Hospital
Metro Boston

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipal (public, non-state-owned) hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a Disproportionate Share Hospital (DSH), with 74.7% of its gross revenue coming from public payers in FY14. Though it was only responsible for 4% of the discharges in the Metro Boston region, it treated over one-fifth of Bipolar Disorders, Schizophrenia, and Depression cases region-wide in FY14. It operated at a loss each year in the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	230, mid-size acute hospital
% Occupancy:	71.3%, < cohort avg. (73%)
Special Public Funding:	DSTI[η]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.76, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$13,954
Inpatient NPSR per CMAD:	$13,802
Change FY13-FY14:	7.5%
Inpatient:Outpatient Revenue in FY14:	24%:76%
Outpatient Revenue in FY14:	$337,320,079
Change FY13-FY14:	-2.5%
Total Revenue in FY14:	$536,816,925
Total Surplus (Loss) in FY14:	($19,339,831)

Payer Mix

Public Payer Mix:	74.7% (DSH* Hospital)
CY14 Commercial Payer Price Level:	16th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

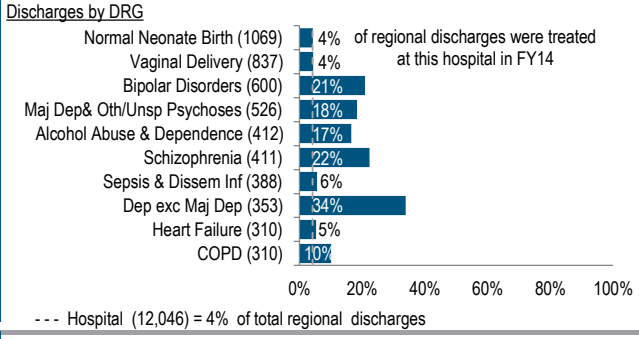
Inpatient Discharges in FY14:	12,046
Change FY13-FY14:	-6.9%
Emergency Department Visits in FY14:	95,702
Change FY13-FY14:	-0.8%
Outpatient Visits in FY14:	664,690
Change FY13-FY14:	1.9%

Quality

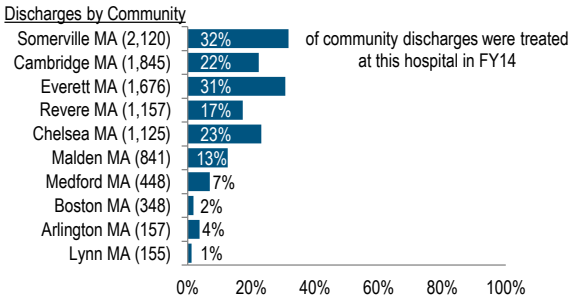
Readmission Rate in FY13:	17.7%
Change FY11-FY13 (percentage points):	-1.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

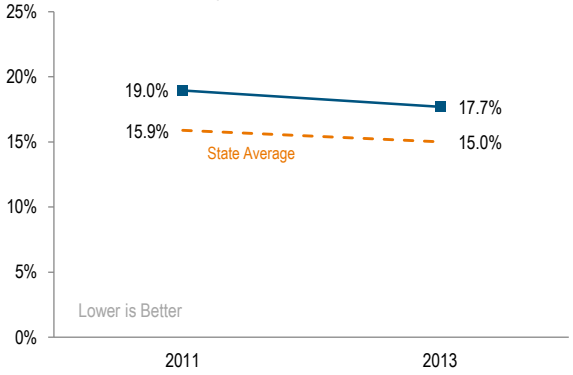


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

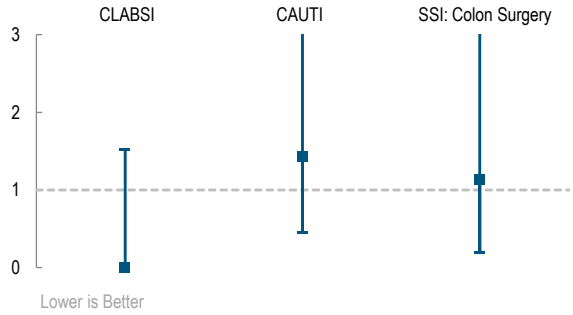


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

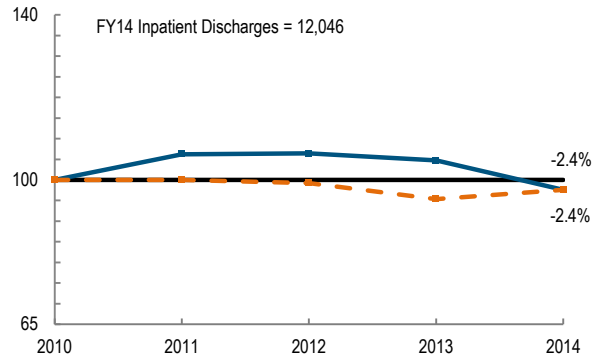
2014 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

Cohort: Teaching Hospital

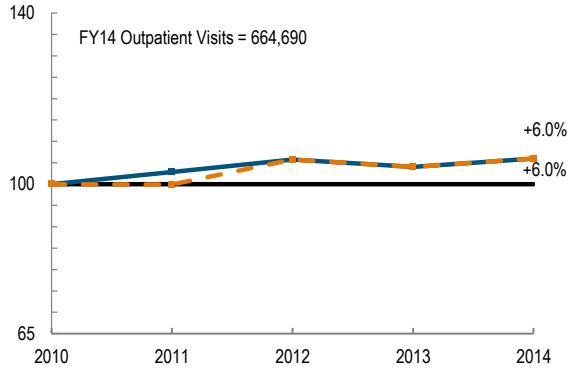
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

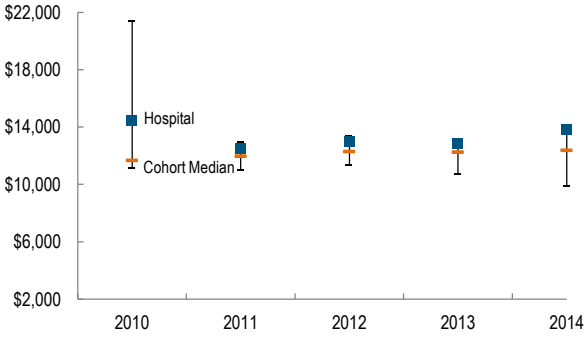


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

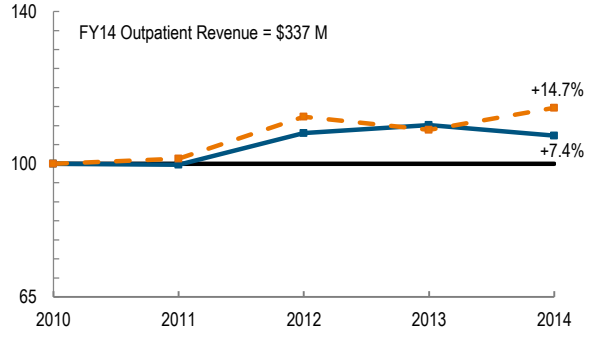


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



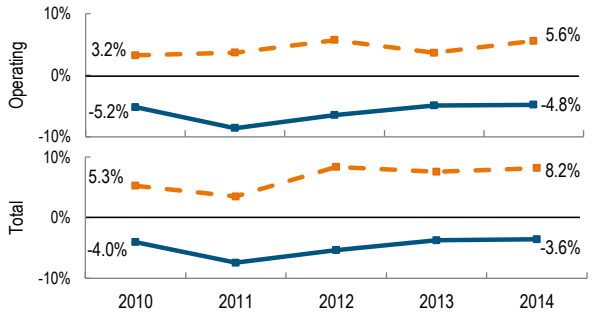
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 492	$ 490	$ 526	$ 528	$ 530
Non-Operating Revenue	$ 6	$ 6	$ 6	$ 6	$ 6
Total Revenue	$ 498	$ 496	$ 532	$ 535	$ 537
Total Costs	$ 518	$ 533	$ 561	$ 554	$ 556
Total Profit (Loss)	$ (20.1)	$ (36.9)	$ (28.5)	$ (20.0)	$ (19.3)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[†] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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LAHEY HOSPITAL & MEDICAL CENTER

2014 Hospital Profile

Burlington, MA & Peabody, MA
Teaching Hospital
Northeastern Massachusetts

Lahey Hospital & Medical Center is a non-profit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and is one of the state's eight transplant centers. Lahey Hospital & Medical Center and Northeast Hospital formed Lahey Health System in 2012. Lahey Hospital & Medical Center earned a profit each year from FY10 to FY14, with a total margin of 8.2% in FY14, the same as the median total margin in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY10-FY14):	Lahey Health - 2012
Total Staffed Beds:	343, among the larger acute hospitals
% Occupancy:	82.1%, > cohort avg. (73%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 2
Case Mix Index:	1.42, > cohort avg. (0.99); > statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$8,782
Inpatient NPSR per CMAD:	$12,370
Change FY13-FY14:	3.2%
Inpatient:Outpatient Revenue in FY14:	31%:69%
Outpatient Revenue in FY14:	$431,412,763
Change FY13-FY14:	3.3%
Total Revenue in FY14:	$822,336,515
Total Surplus (Loss) in FY14:	$67,184,249

Payer Mix

Public Payer Mix:	58.2% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	72nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

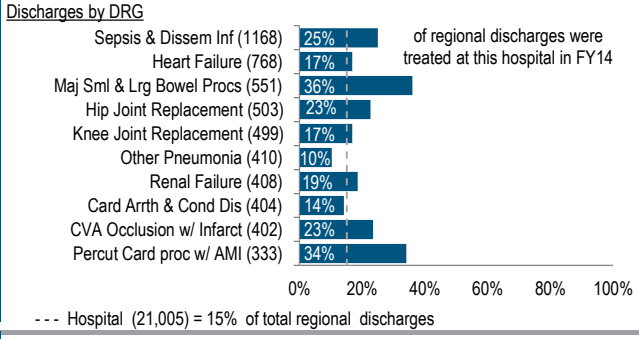
Inpatient Discharges in FY14:	21,005
Change FY13-FY14:	0.4%
Emergency Department Visits in FY14:	56,140
Change FY13-FY14:	1.8%
Outpatient Visits in FY14:	938,403
Change FY13-FY14:	1.4%

Quality

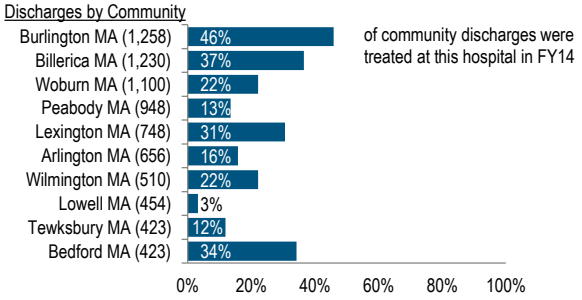
Readmission Rate in FY13:	15.1%
Change FY11-FY13 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

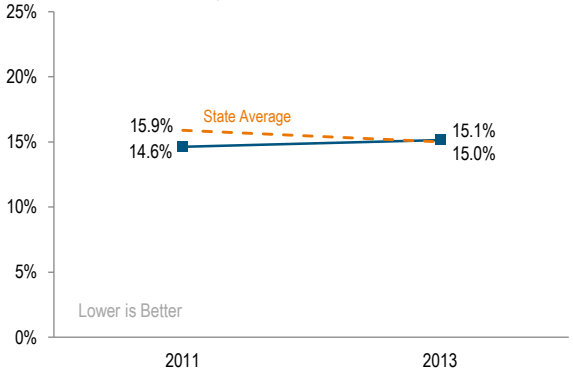


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

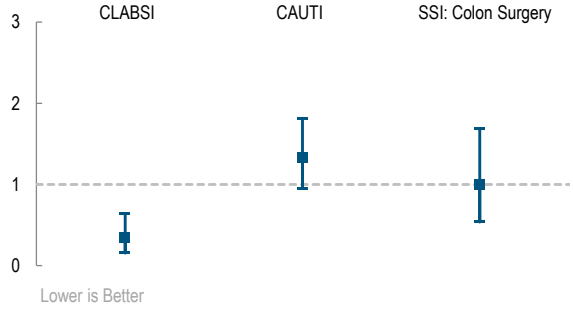


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

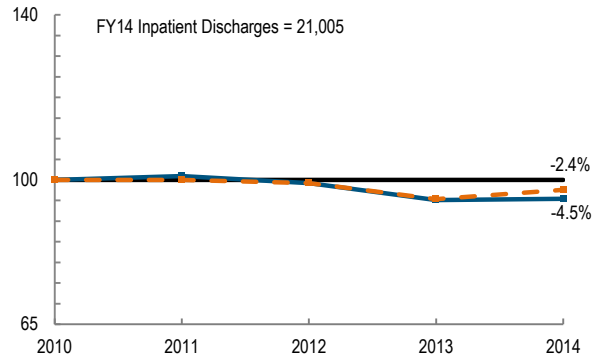
2014 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

Cohort: Teaching Hospital

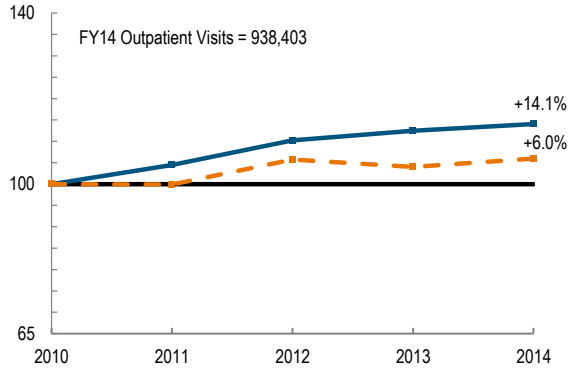
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

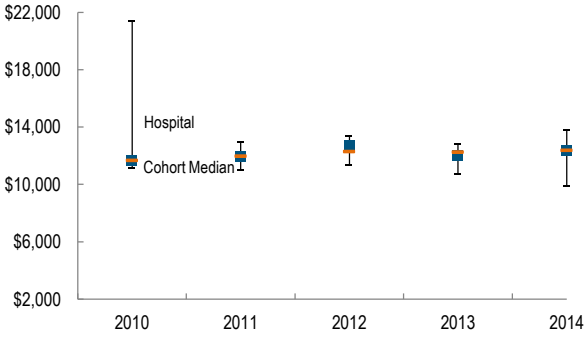


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

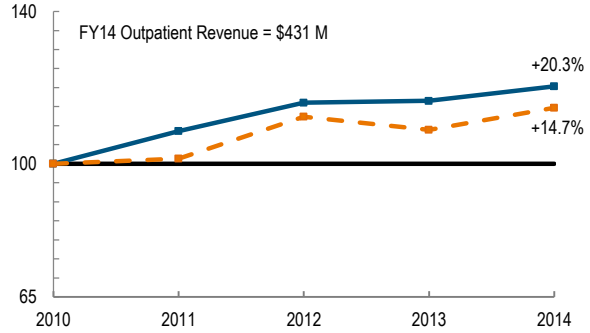


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



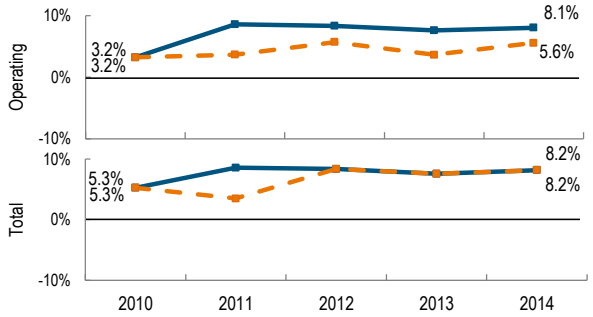
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 894	$ 760	$ 816	$ 794	$ 821
Non-Operating Revenue	$ 19	$ (0)	$ 0	$ (0)	$ 1
Total Revenue	$ 913	$ 760	$ 817	$ 794	$ 822
Total Costs	$ 865	$ 695	$ 748	$ 734	$ 755
Total Profit (Loss)	$ 47.9	$ 65.1	$ 68.3	$ 60.1	$ 67.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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MOUNT AUBURN HOSPITAL

2014 Hospital Profile

Cambridge, MA
Teaching Hospital
Metro Boston

Mount Auburn Hospital is a mid-size, non-profit teaching hospital located in the Metro Boston region. It is a member of the CareGroup health care system. Between FY10 and FY14, outpatient visits decreased by 6.9% at Mount Auburn Hospital, compared to a median increase of 6.0% in its peer cohort. Outpatient revenue increased 14.7% for the hospital in that period, consistent with the median performance of its cohort. Mount Auburn Hospital was profitable each year from FY10 to FY14, and it earned a total margin of 9.2%, higher than the median of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	225, mid-size acute hospital
% Occupancy:	71.3%, < cohort avg. (73%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,563
Inpatient NPSR per CMAD:	$12,379
Change FY13-FY14:	-0.2%
Inpatient:Outpatient Revenue in FY14:	33%:67%
Outpatient Revenue in FY14:	$165,199,128
Change FY13-FY14:	4.1%
Total Revenue in FY14:	$332,087,000
Total Surplus (Loss) in FY14:	$30,679,000

Payer Mix

Public Payer Mix:	53.8% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	60th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

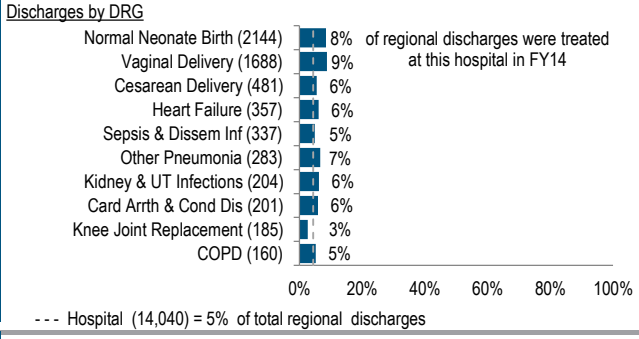
Inpatient Discharges in FY14:	14,040
Change FY13-FY14:	5.5%
Emergency Department Visits in FY14:	35,246
Change FY13-FY14:	-1.4%
Outpatient Visits in FY14:	174,654
Change FY13-FY14:	-2.5%

Quality

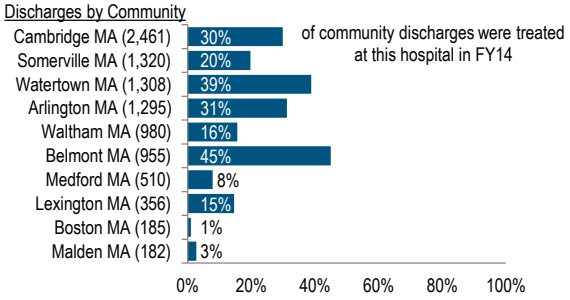
Readmission Rate in FY13:	12.7%
Change FY11-FY13 (percentage points):	-2.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

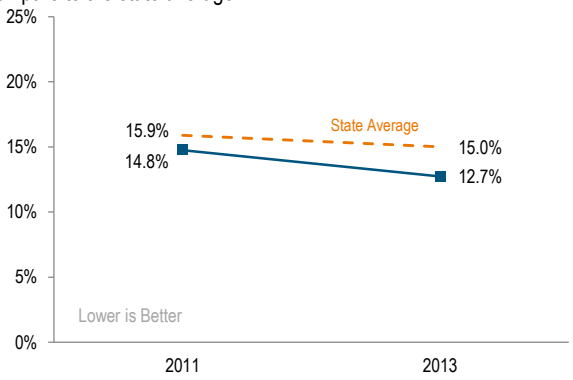


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

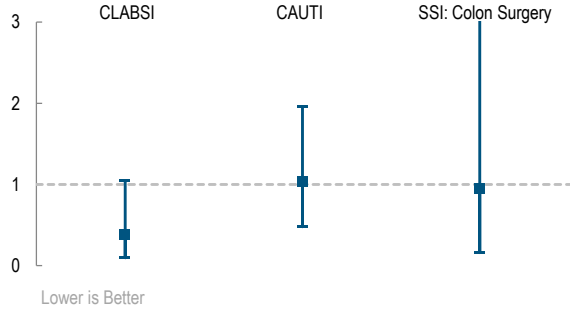


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

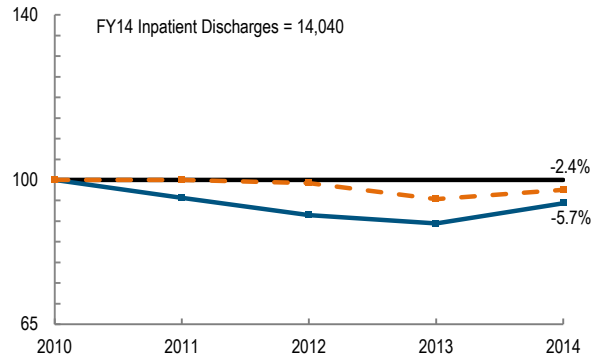
2014 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

Cohort: Teaching Hospital

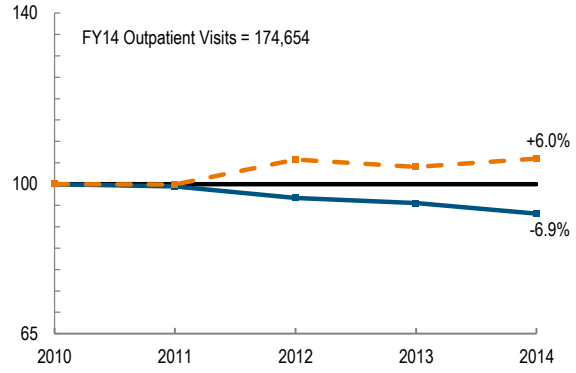
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

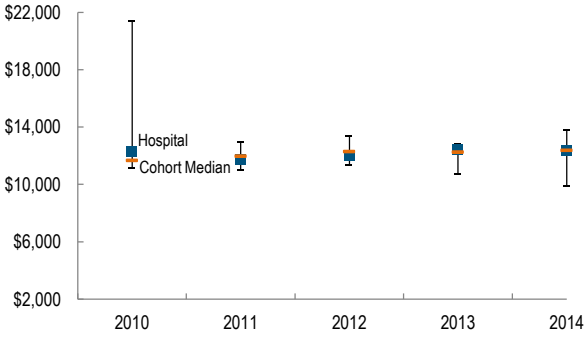


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

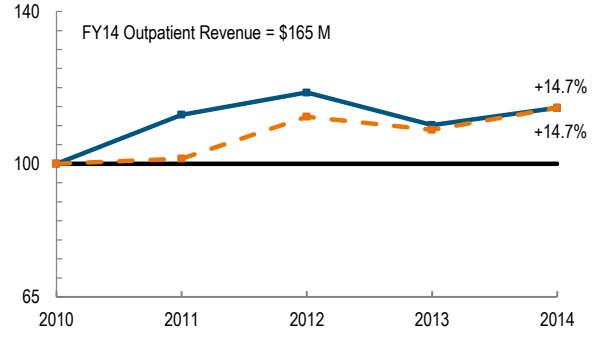


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



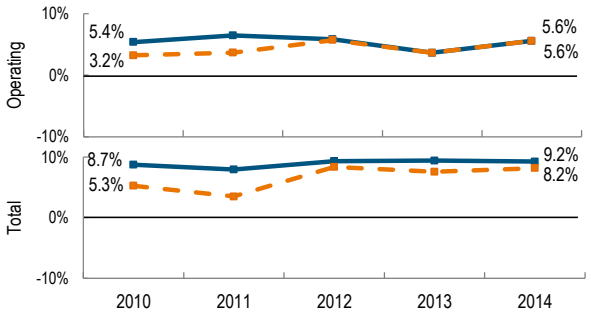
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 302	$ 310	$ 316	$ 305	$ 320
Non-Operating Revenue	$ 10	$ 5	$ 11	$ 19	$ 12
Total Revenue	$ 313	$ 314	$ 327	$ 324	$ 332
Total Costs	$ 286	$ 289	$ 297	$ 293	$ 301
Total Profit (Loss)	$ 27.3	$ 25.0	$ 30.4	$ 30.4	$ 30.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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SAINT VINCENT HOSPITAL

2014 Hospital Profile

Worcester, MA
Teaching Hospital
Central Massachusetts

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. It is among the larger acute hospitals in Massachusetts. It also qualifies as a Disproportionate Share Hospital (DSH). Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. While outpatient visits grew 8.5% at the hospital, outpatient revenue grew 37.9% over the five year period. Saint Vincent Hospital earned a profit each year from FY10 to FY14, with a 15.6% operating margin and a 15.6% total margin in FY14, while the median total and operating margins for teaching hospitals were 5.6% and 8.2%, respectively.

At a Glance

Overview / Size

Hospital System Affiliation:	Tenet Healthcare
Change in Ownership (FY10-FY14):	Tenet - 2013
Total Staffed Beds:	299, among the larger acute hospitals
% Occupancy:	69.6%, < cohort avg. (73%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.96, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,384
Inpatient NPSR per CMAD:	$13,024
Change FY13-FY14:	4.5%
Inpatient:Outpatient Revenue in FY14:	40%:60%
Outpatient Revenue in FY14:	$166,879,529
Change FY13-FY14:	32.0%
Total Revenue in FY14:	$418,245,520
Total Surplus (Loss) in FY14:	$65,222,309

Payer Mix

Public Payer Mix:	65.6% (DSH* Hospital)
CY14 Commercial Payer Price Level:	48th Percentile
Top 3 Commercial Payers:	Fallon Health and Life Assurance Co.
	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care

Utilization

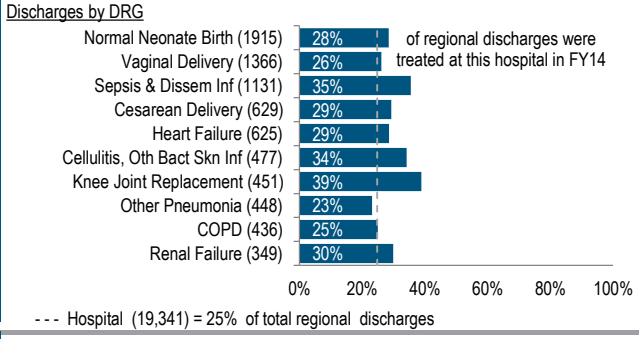
Inpatient Discharges in FY14:	19,341
Change FY13-FY14:	-0.9%
Emergency Department Visits in FY14:	69,034
Change FY13-FY14:	7.9%
Outpatient Visits in FY14:	123,670
Change FY13-FY14:	4.1%

Quality

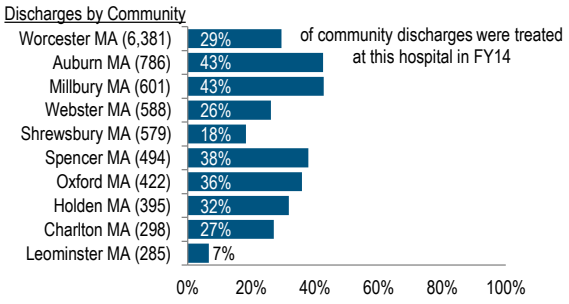
Readmission Rate in FY13:	15.6%
Change FY11-FY13 (percentage points):	-1.4%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	1.7%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

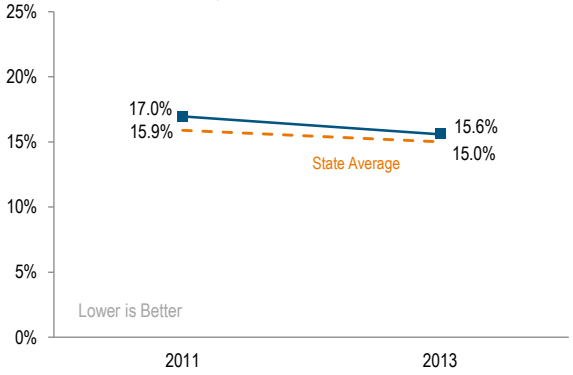


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

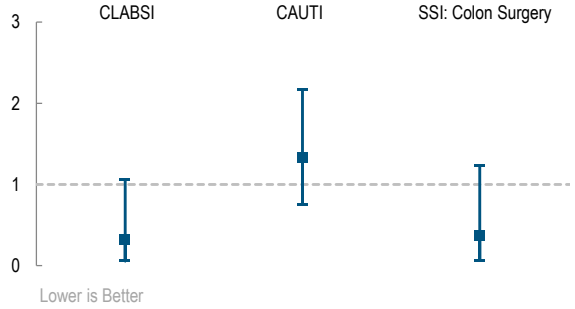


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

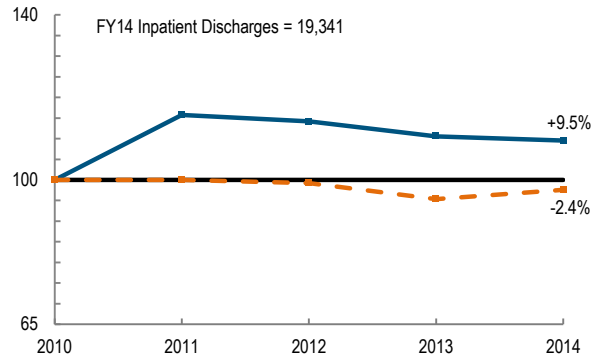
2014 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

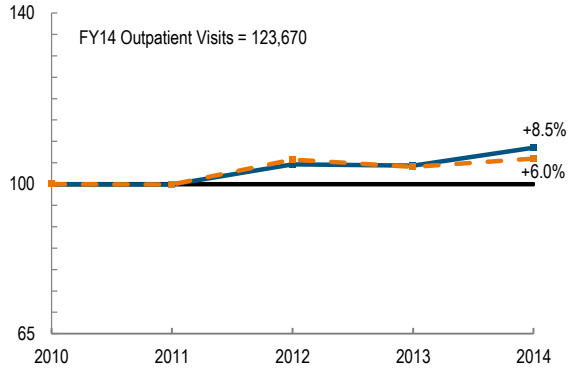
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

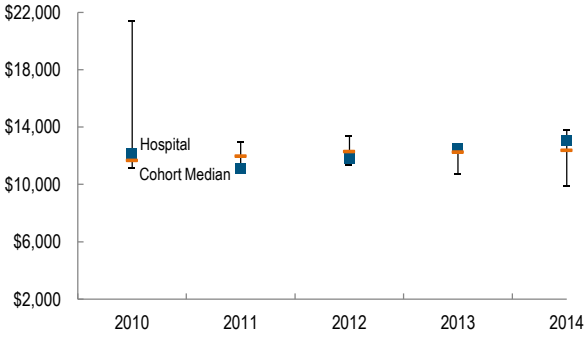


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

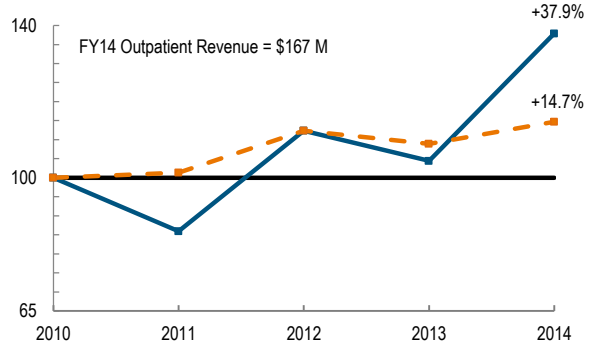


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



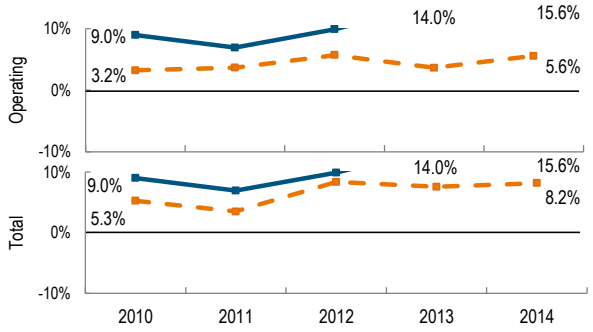
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 338	$ 328	$ 351	$ 359	$ 418
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 338	$ 328	$ 351	$ 359	$ 418
Total Costs	$ 307	$ 306	$ 316	$ 309	$ 353
Total Profit (Loss)	$ 30.4	$ 22.7	$ 34.7	$ 50.3	$ 65.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD CARNEY HOSPITAL

2014 Hospital Profile

Dorchester, MA
Teaching Hospital
Metro Boston

Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care System. It is among the smaller acute hospitals in Massachusetts and qualifies as a Disproportionate Share Hospital (DSH). Steward Carney had 32.7% fewer inpatient discharges in FY14 than in FY10, compared to a cohort median decrease of 2.4%. While its peer cohort's median outpatient visits and outpatient revenue increased from FY10 to FY14, Steward Carney's outpatient visits and revenue decreased from FY10 to FY14. Steward Carney reported a loss from FY11 to FY14, with a total margin of -10.2% in FY14, compared with a median total margin of 8.2% in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	83, among the smaller acute hospitals
% Occupancy:	77.4%, > cohort avg. (73%)
Special Public Funding:	DSTI[η]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.96, < cohort avg. (0.99); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,972
Inpatient NPSR per CMAD:	$9,885
Change FY13-FY14:	-7.9%
Inpatient:Outpatient Revenue in FY14:	33%:67%
Outpatient Revenue in FY14:	$45,878,284
Change FY13-FY14:	-1.3%
Total Revenue in FY14:	$91,343,730
Total Surplus (Loss) in FY14:	($9,311,742)

Payer Mix

Public Payer Mix:	76.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	35th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

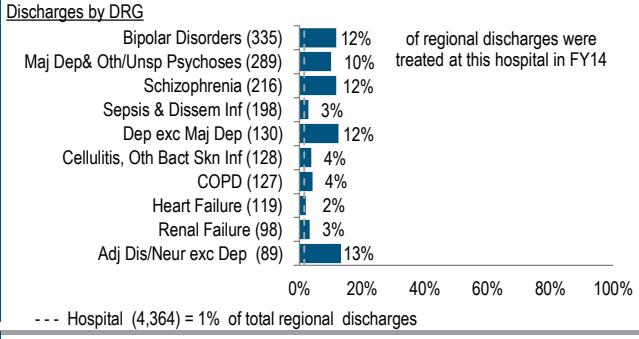
Inpatient Discharges in FY14:	4,364
Change FY13-FY14:	-15.8%
Emergency Department Visits in FY14:	30,556
Change FY13-FY14:	-0.2%
Outpatient Visits in FY14:	87,667
Change FY13-FY14:	-6.8%

Quality

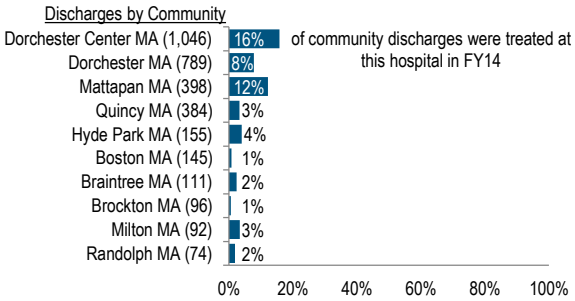
Readmission Rate in FY13:	16.9%
Change FY11-FY13 (percentage points):	-2.3%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

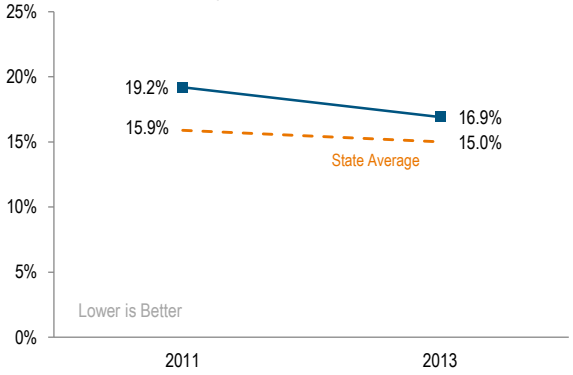


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

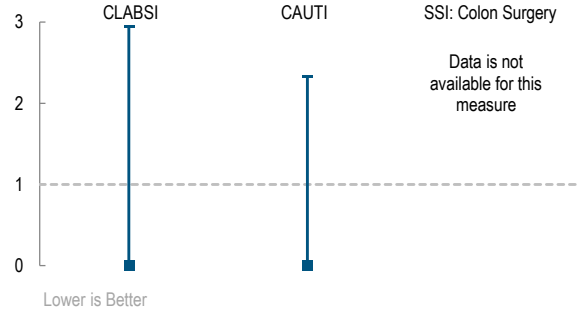


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

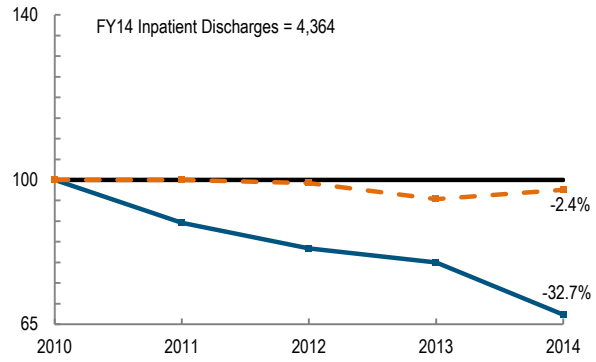
2014 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

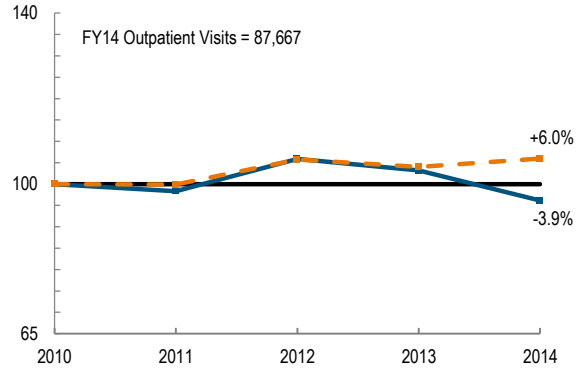
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

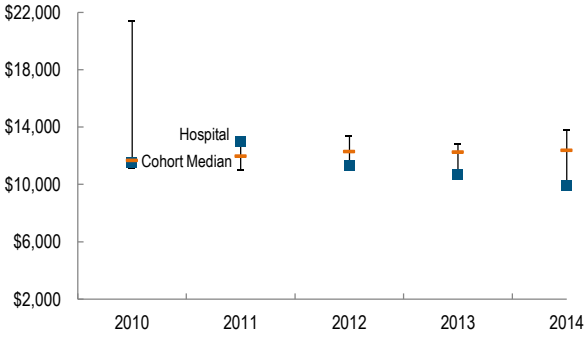


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

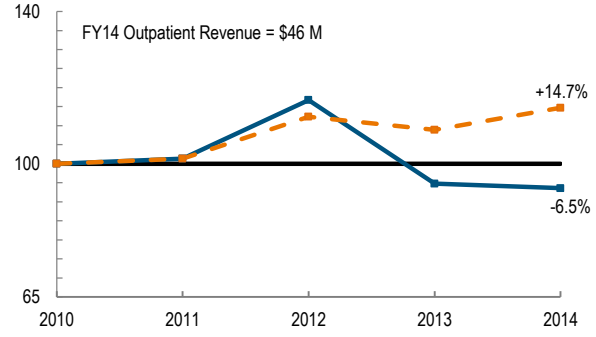


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



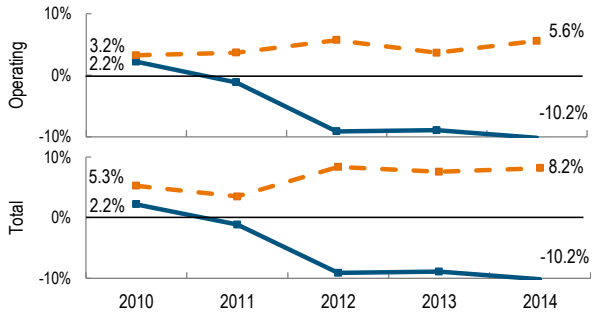
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 119	$ 111	$ 110	$ 101	$ 91
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ (0)
Total Revenue	$ 119	$ 111	$ 110	$ 101	$ 91
Total Costs	$ 116	$ 112	$ 120	$ 110	$ 101
Total Profit (Loss)	$ 2.6	$ (1.3)	$ (10.0)	$ (9.0)	$ (9.3)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[†] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD ST. ELIZABETH'S MEDICAL CENTER

2014 Hospital Profile

Brighton, MA
Teaching Hospital
Metro Boston

Steward St. Elizabeth's Medical Center is a large, for-profit teaching hospital located in the Metro Boston region. Steward St. Elizabeth's is a member of Steward Health Care System, and it also qualifies as a Disproportionate Share Hospital (DSH). Outpatient revenue at the hospital decreased 53.9% between FY10 and FY14, compared to a median 14.7% increase in its cohort. St. Elizabeth's was profitable three of the five years in the FY10 to FY14 period, and had a total margin of 5.5% in FY14, compared to a median of 8.2% among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	262, among the larger acute hospitals
% Occupancy:	68.5%, < cohort avg. (73%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.11, > cohort avg. (0.99); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,147
Inpatient NPSR per CMAD:	$12,949
Change FY13-FY14:	1.5%
Inpatient:Outpatient Revenue in FY14:	50%:50%
Outpatient Revenue in FY14:	$105,167,937
Change FY13-FY14:	-6.4%
Total Revenue in FY14:	$312,328,863
Total Surplus (Loss) in FY14:	$17,055,211

Payer Mix

Public Payer Mix:	65.4% (DSH* Hospital)
CY14 Commercial Payer Price Level:	58th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

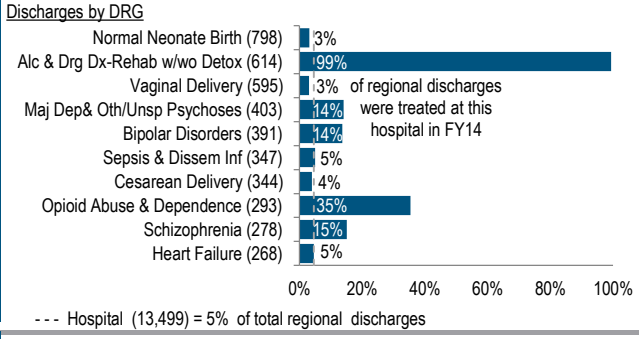
Inpatient Discharges in FY14:	13,499
Change FY13-FY14:	3.4%
Emergency Department Visits in FY14:	31,105
Change FY13-FY14:	-4.9%
Outpatient Visits in FY14:	193,013
Change FY13-FY14:	20.5%

Quality

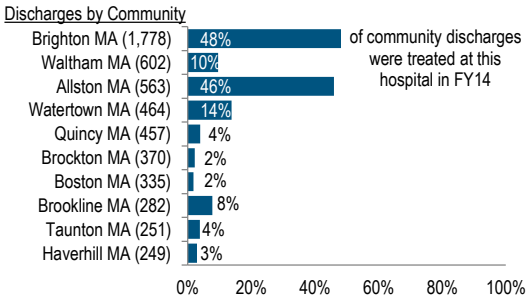
Readmission Rate in FY13:	16.9%
Change FY11-FY13 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.9%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

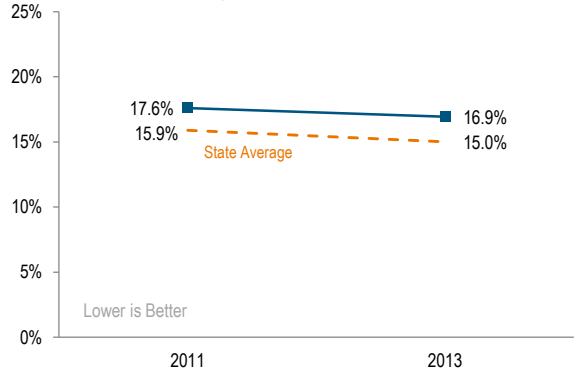


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

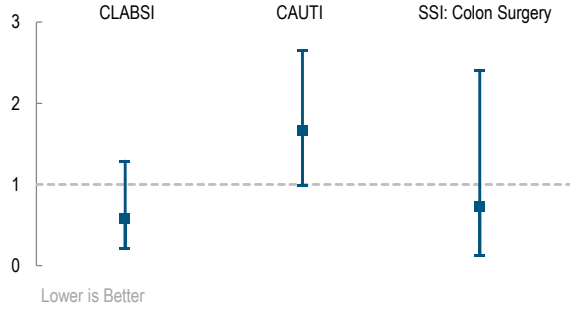


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

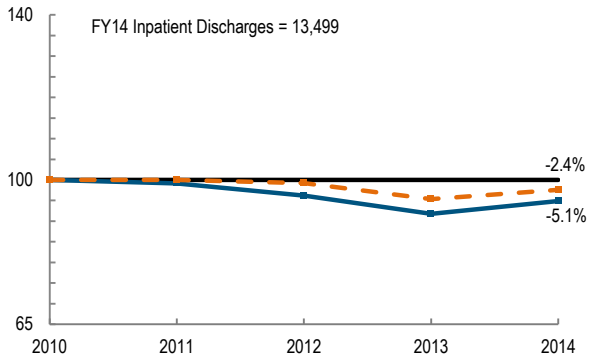
2014 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

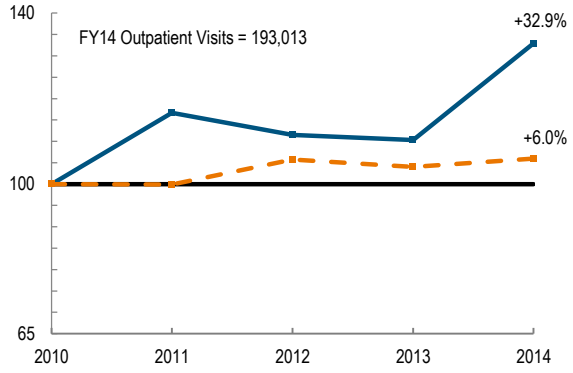
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

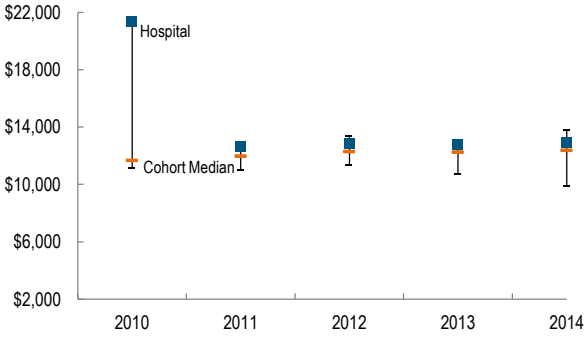


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

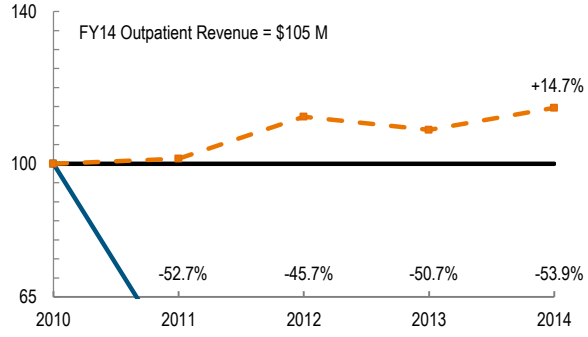


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



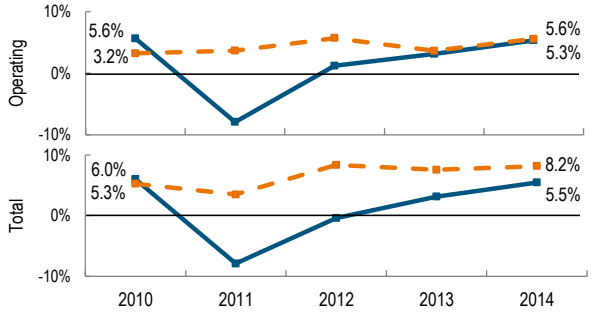
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 413	$ 264	$ 311	$ 313	$ 312
Non-Operating Revenue	$ 2	$ 0	$ (5)	$ 0	$ 0
Total Revenue	$ 415	$ 264	$ 306	$ 313	$ 312
Total Costs	$ 390	$ 285	$ 307	$ 303	$ 295
Total Profit (Loss)	$ 24.8	$ (20.9)	$ (1.3)	$ 9.8	$ 17.1

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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ANNA JAQUES HOSPITAL

2014 Hospital Profile

Newburyport, MA
Community Hospital
Northeastern Massachusetts

Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY10 to FY14, inpatient discharges decreased 2.7% at the hospital, compared to a median decrease of 9.5% in its peer cohort. Anna Jaques was profitable four of the five years between FY10 and FY14, with a 0.8% total margin in FY14. Its operating margin was similar to the median of its peer cohort each year.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	140, mid-size acute hospital
% Occupancy:	64.2%, > cohort avg. (61%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.75, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$8,464
Inpatient NPSR per CMAD:	$8,285
Change FY13-FY14:	-2.2%
Inpatient:Outpatient Revenue in FY14:	34%:66%
Outpatient Revenue in FY14:	$61,571,040
Change FY13-FY14:	2.7%
Total Revenue in FY14:	$112,819,358
Total Surplus (Loss) in FY14:	$874,080

Payer Mix

Public Payer Mix:	59.1% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	13th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

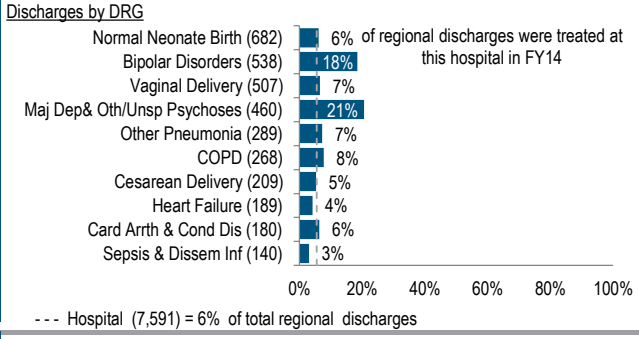
Inpatient Discharges in FY14:	7,591
Change FY13-FY14:	-0.6%
Emergency Department Visits in FY14:	31,020
Change FY13-FY14:	-1.9%
Outpatient Visits in FY14:	56,566
Change FY13-FY14:	2.3%

Quality

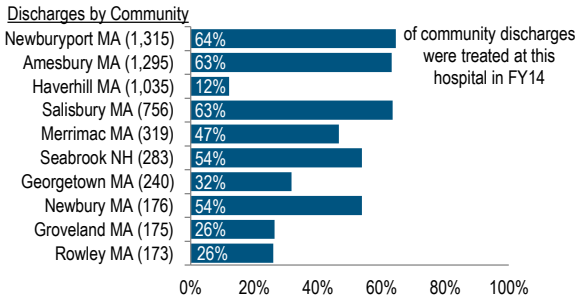
Readmission Rate in FY13:	15.1%
Change FY11-FY13 (percentage points):	-1.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

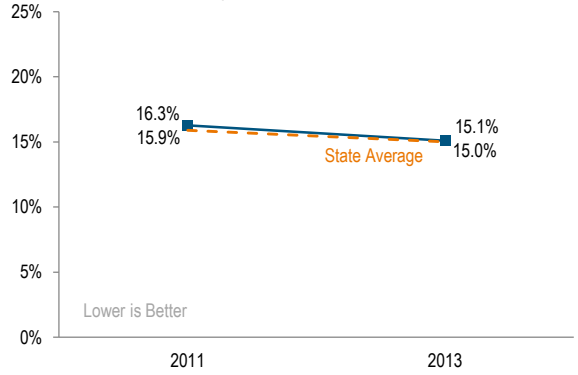


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

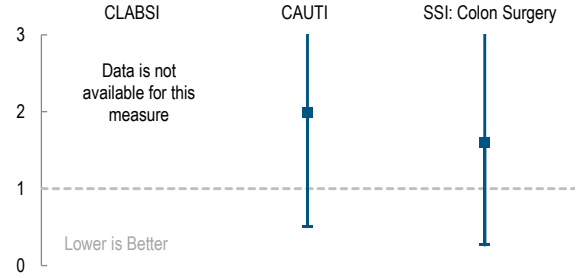


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

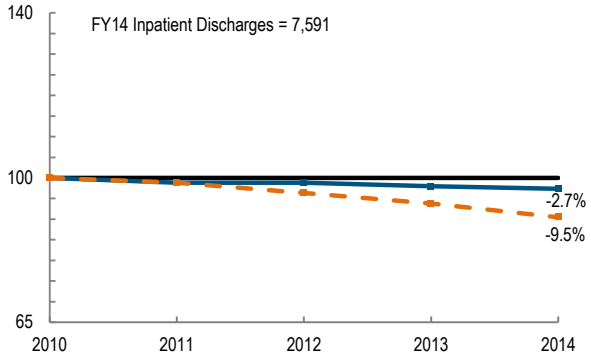
2014 HOSPITAL PROFILE: ANNA JAQUES HOSPITAL

Cohort: Community Hospital

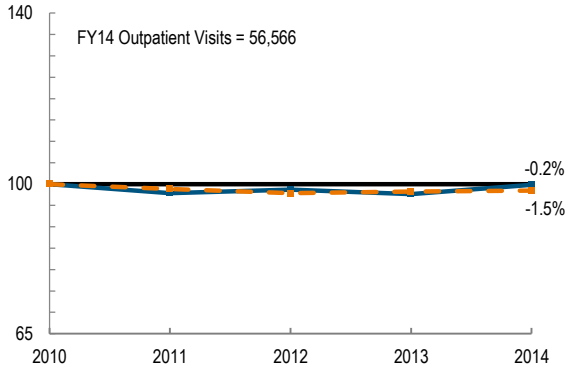
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

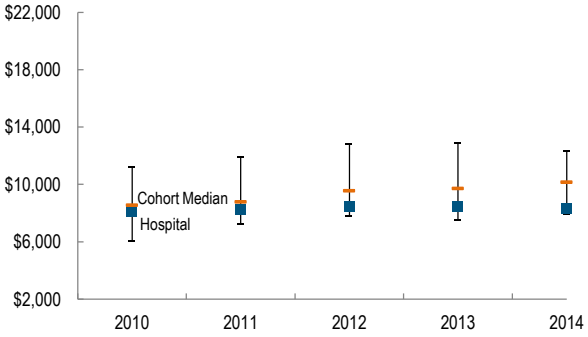


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

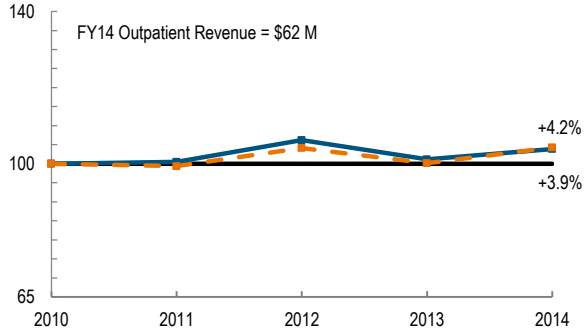


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



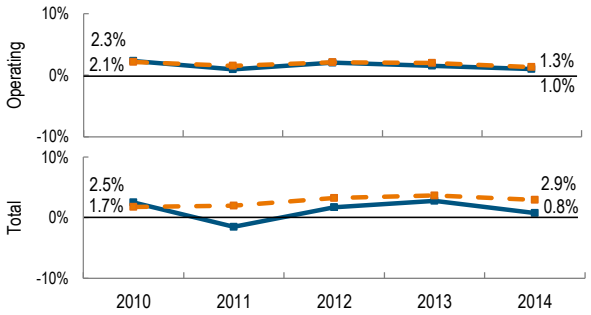
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 110	$ 109	$ 115	$ 112	$ 113
Non-Operating Revenue	$ 0	$ (3)	$ (0)	$ 1	$ (0)
Total Revenue	$ 110	$ 107	$ 115	$ 114	$ 113
Total Costs	$ 108	$ 108	$ 113	$ 111	$ 112
Total Profit (Loss)	$ 2.8	$ (1.6)	$ 2.0	$ 3.2	$ 0.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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BAYSTATE MARY LANE HOSPITAL

2014 Hospital Profile

Ware, MA
Community Hospital
Western Massachusetts

Baystate Mary Lane Hospital is a small, non-profit community hospital located in the Western Massachusetts region. It is a member of the Baystate Health system. Between FY10 and FY14, inpatient discharges declined by 35.1%, while the median decrease for similar hospitals was 9.5%. Outpatient visits also decreased for the hospital by 12.7% between FY10 and FY14, while median outpatient visits among cohort hospitals decreased just 1.5%. Baystate Mary Lane Hospital reported a loss in both FY13 and FY14, with a total margin of -5.5% in FY14.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	25, among the smallest acute hospitals
% Occupancy:	30.5%, < cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.76, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,721
Inpatient NPSR per CMAD:	$7,936
Change FY13-FY14:	5.9%
Inpatient:Outpatient Revenue in FY14:	16%:84%
Outpatient Revenue in FY14:	$17,886,522
Change FY13-FY14:	2.0%
Total Revenue in FY14:	$26,347,000
Total Surplus (Loss) in FY14:	($1,451,000)

Payer Mix

Public Payer Mix:	62.3% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	41st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Harvard Pilgrim Health Care

Utilization

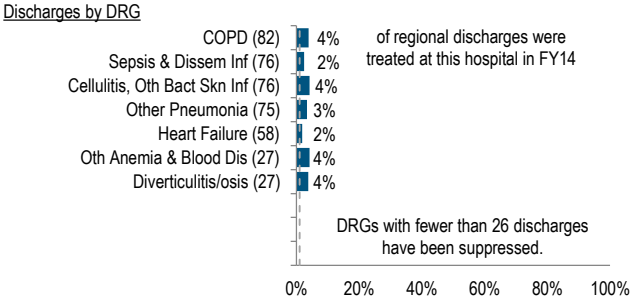
Inpatient Discharges in FY14:	974
Change FY13-FY14:	-11.2%
Emergency Department Visits in FY14:	15,185
Change FY13-FY14:	-4.1%
Outpatient Visits in FY14:	18,262
Change FY13-FY14:	-3.3%

Quality

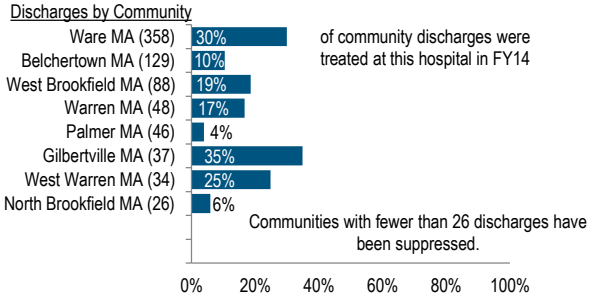
Readmission Rate in FY13:	12.9%
Change FY11-FY13 (percentage points):	0.9%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

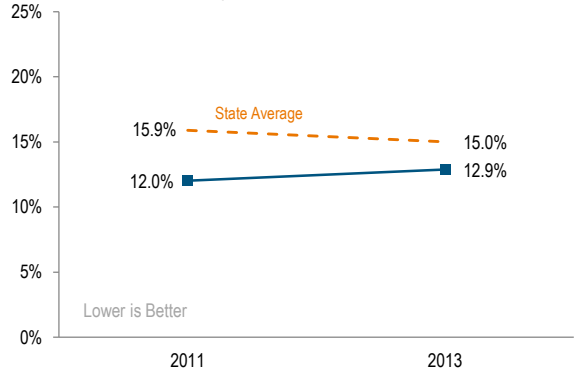


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

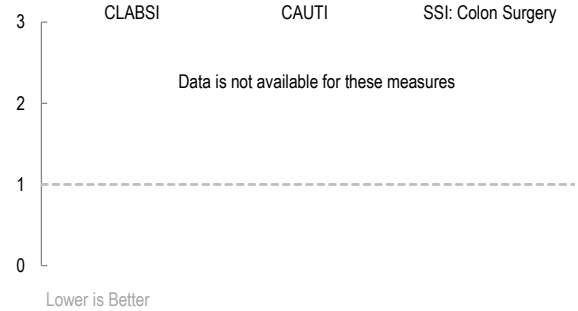


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

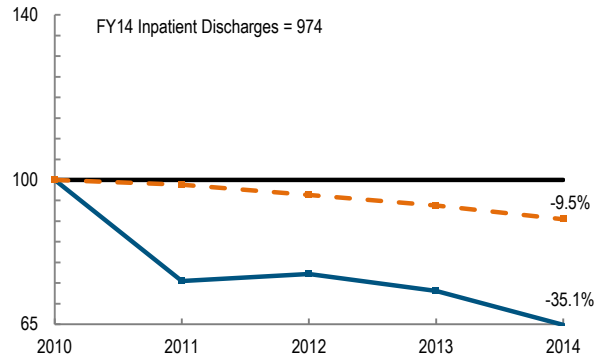
2014 HOSPITAL PROFILE: BAYSTATE MARY LANE HOSPITAL

Cohort: Community Hospital

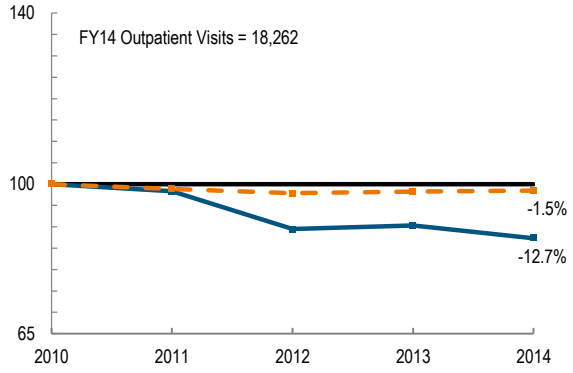
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

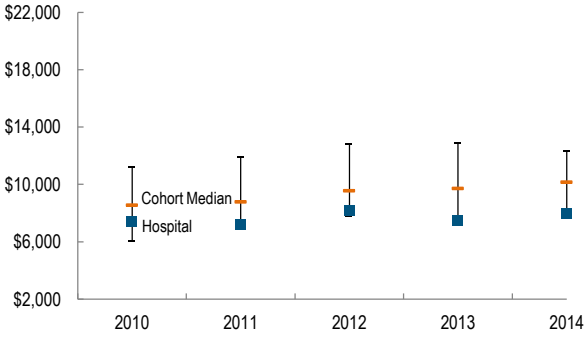


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

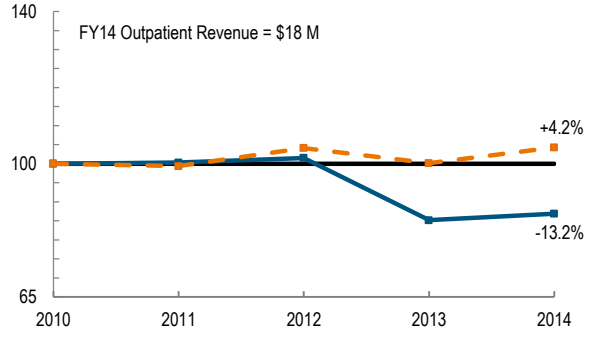


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



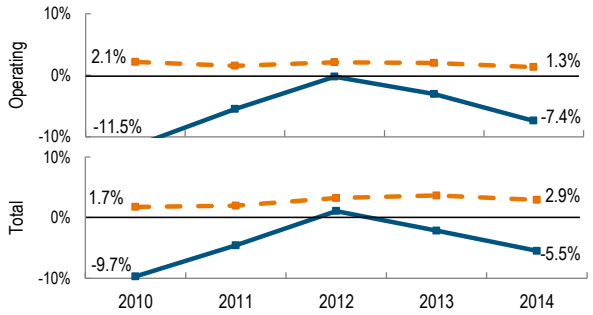
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 29	$ 30	$ 30	$ 26	$ 26
Non-Operating Revenue	$ 1	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 29	$ 30	$ 30	$ 26	$ 26
Total Costs	$ 32	$ 31	$ 30	$ 26	$ 28
Total Profit (Loss)	$ (2.9)	$ (1.4)	$ 0.3	$ (0.6)	$ (1.5)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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BETH ISRAEL DEACONESS HOSPITAL - MILTON

2014 Hospital Profile

Milton, MA
Community Hospital
Metro Boston

Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts. It was purchased by Beth Israel Deaconess Medical Center in 2012 and at that time became a member of the CareGroup health care system. Between FY10 and FY14, there was a 15.1% increase in outpatient visits at the hospital, compared to a median decrease of 1.5% in its peer cohort. It earned a profit each year in the five-year period, with a total margin of 2.8% in FY14, down from 9.5% in FY13.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	CareGroup - 2012
Total Staffed Beds:	58, among the smaller acute hospitals
% Occupancy:	82.4%, > cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[‡] Cost per Discharge:	$9,028
Inpatient NPSR per CMAD:	$10,006
Change FY13-FY14:	2.0%
Inpatient:Outpatient Revenue in FY14:	32%:68%
Outpatient Revenue in FY14:	$39,798,089
Change FY13-FY14:	11.8%
Total Revenue in FY14:	$84,398,308
Total Surplus (Loss) in FY14:	$2,352,183

Payer Mix

Public Payer Mix:	60.0% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	18th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

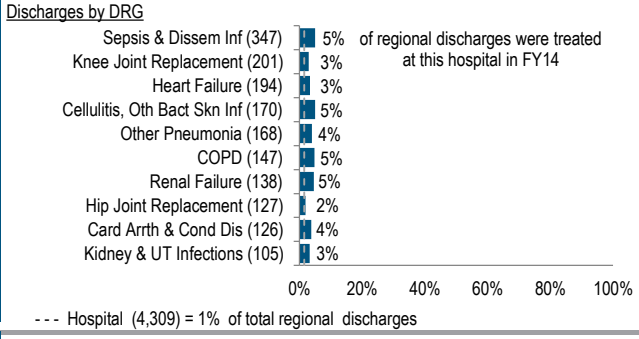
Inpatient Discharges in FY14:	4,309
Change FY13-FY14:	-17.8%
Emergency Department Visits in FY14:	27,081
Change FY13-FY14:	3.4%
Outpatient Visits in FY14:	34,893
Change FY13-FY14:	-2.1%

Quality

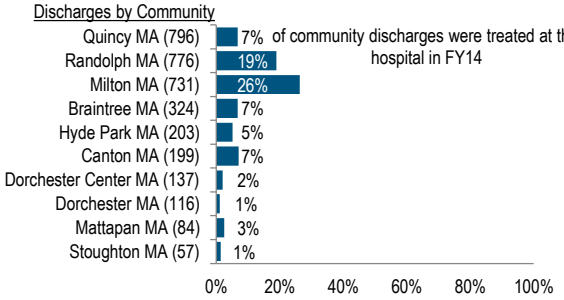
Readmission Rate in FY13:	14.3%
Change FY11-FY13 (percentage points):	-1.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

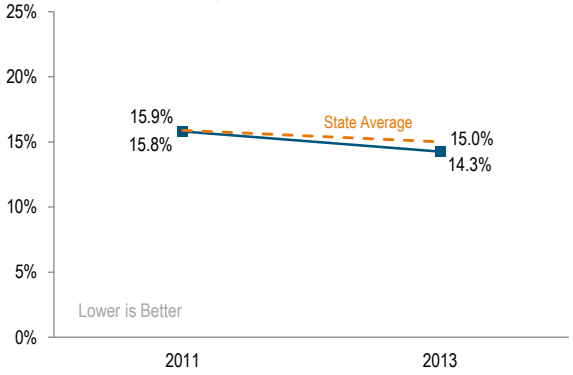


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

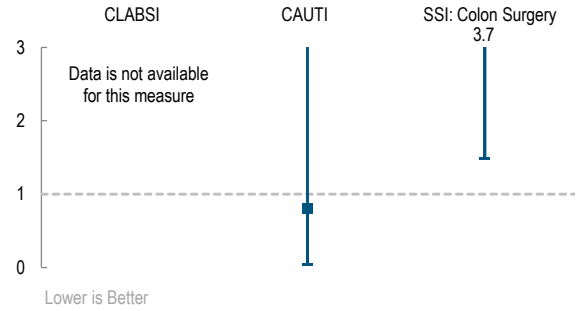


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

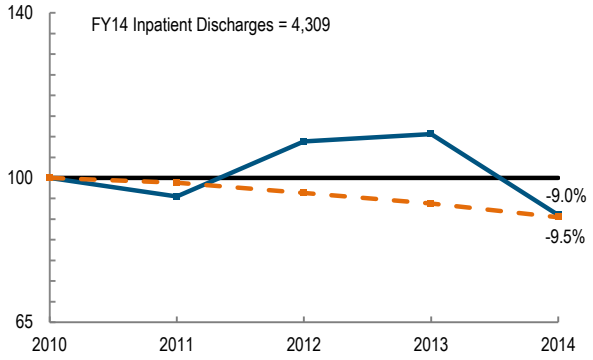
2014 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Cohort: Community Hospital

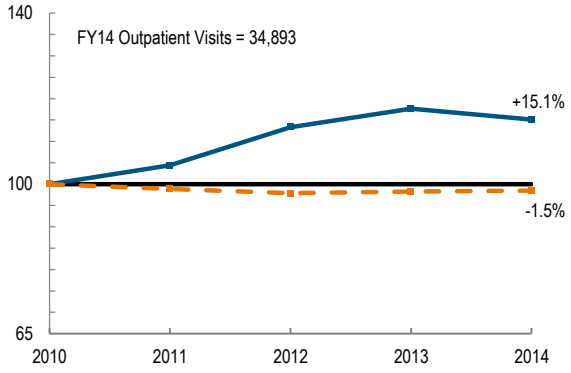
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

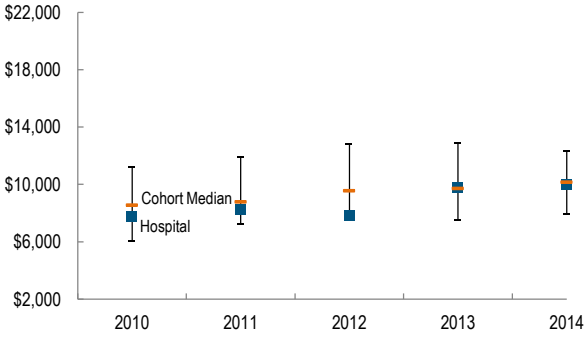


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

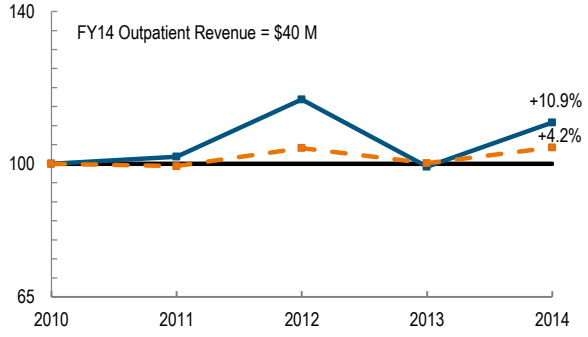


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



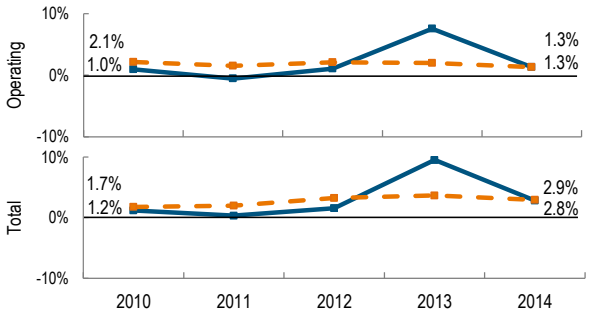
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 67	$ 68	$ 75	$ 84	$ 83
Non-Operating Revenue	$ 0	$ 1	$ 0	$ 2	$ 1
Total Revenue	$ 67	$ 68	$ 75	$ 86	$ 84
Total Costs	$ 67	$ 68	$ 74	$ 78	$ 82
Total Profit (Loss)	$ 0.8	$ 0.2	$ 1.2	$ 8.1	$ 2.4

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

2014 Hospital Profile

Needham, MA
Community Hospital
Metro Boston

Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts, and is a member of the CareGroup health care system. It experienced a 25.2% increase in outpatient visits between FY10 and FY14, compared to a median decrease of 1.5% for cohort hospitals. Following a similar trend, outpatient revenue increased by 41.2% compared with a median increase of 4.2% for cohort hospitals. BID-Needham's total margin was positive each year in the five year period except in FY11, and it had a 3.3% total margin in FY14. The median total margin in its peer cohort was positive each year from FY10 to FY14, at 2.9% in FY14.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	31, among the smallest acute hospitals
% Occupancy:	53.1%, < cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.94, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,019
Inpatient NPSR per CMAD:	$9,297
Change FY13-FY14:	4.5%
Inpatient:Outpatient Revenue in FY14:	15%:85%
Outpatient Revenue in FY14:	$52,928,605
Change FY13-FY14:	11.0%
Total Revenue in FY14:	$70,568,868
Total Surplus (Loss) in FY14:	$2,303,405

Payer Mix

Public Payer Mix:	51.8% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	49th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

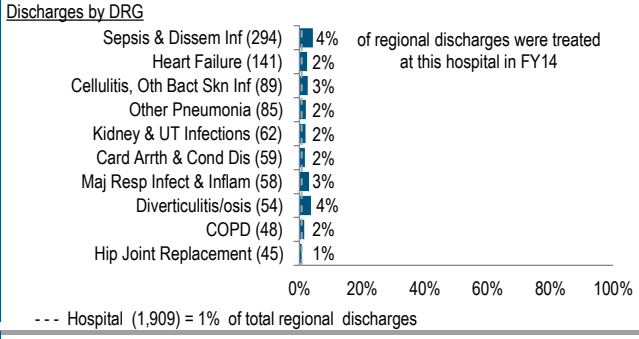
Inpatient Discharges in FY14:	1,909
Change FY13-FY14:	-5.6%
Emergency Department Visits in FY14:	11,934
Change FY13-FY14:	1.9%
Outpatient Visits in FY14:	146,210
Change FY13-FY14:	7.7%

Quality

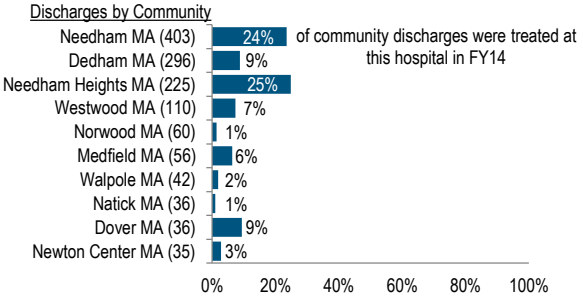
Readmission Rate in FY13:	12.0%
Change FY11-FY13 (percentage points):	-0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

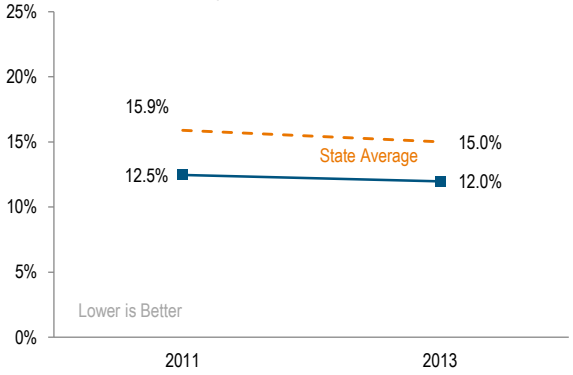


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



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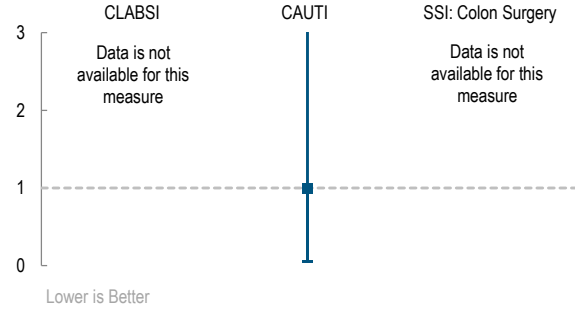


For descriptions of the metrics, please see the technical appendix.

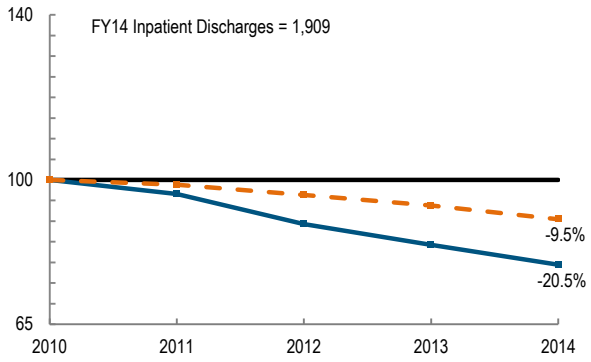
2014 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

Cohort: Community Hospital

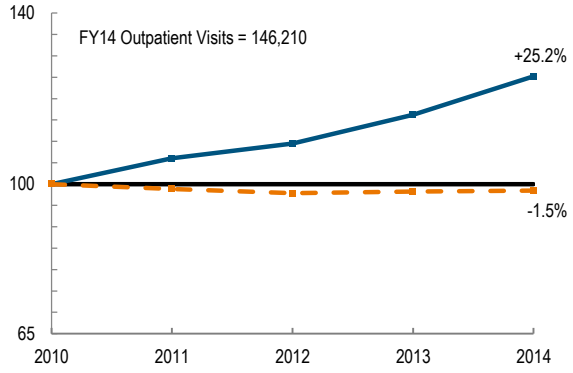
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

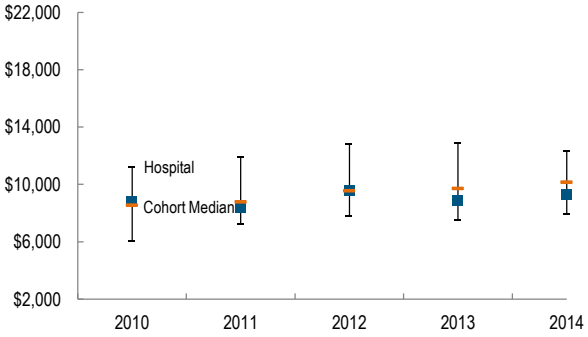


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

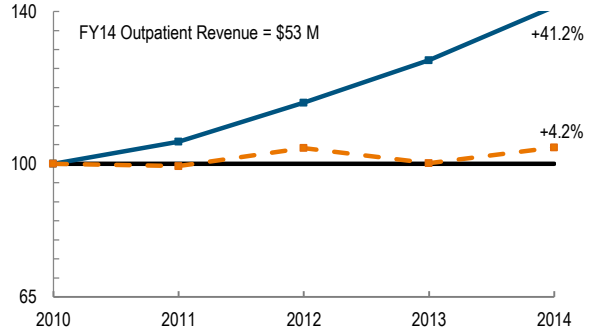


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



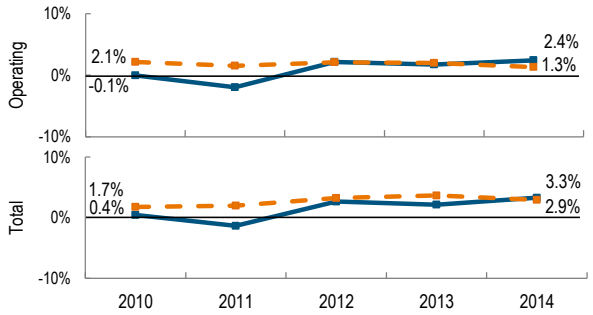
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 54	$ 55	$ 60	$ 64	$ 70
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 1
Total Revenue	$ 54	$ 55	$ 61	$ 64	$ 71
Total Costs	$ 54	$ 56	$ 59	$ 63	$ 68
Total Profit (Loss)	$ 0.2	$ (0.7)	$ 1.6	$ 1.4	$ 2.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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COOLEY DICKINSON HOSPITAL

2014 Hospital Profile

Northampton, MA
Community Hospital
Western Massachusetts

Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare System. Between FY10 and FY14, inpatient discharges at the hospital fell 23.3%, compared with a median decrease of 9.5% among cohort hospitals. During the same period, outpatient visits decreased 30.2% at the hospital, compared with a median decrease of 1.5% at cohort hospitals. Cooley Dickinson's operating margin decreased from 8.3% in FY13 to -0.3% in FY14, and it had a total margin of -0.3% in FY14, representing its only loss in the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Partners HealthCare - 2013
Total Staffed Beds:	93, among the smaller acute hospitals
% Occupancy:	87.0%, highest in cohort (avg. 61%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$12,042
Inpatient NPSR per CMAD:	$10,320
Change FY13-FY14:	7.2%
Inpatient:Outpatient Revenue in FY14:	39%:61%
Outpatient Revenue in FY14:	$88,942,922
Change FY13-FY14:	-6.2%
Total Revenue in FY14:	$153,378,000
Total Surplus (Loss) in FY14:	($431,000)

Payer Mix

Public Payer Mix:	58.7% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	63rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	UniCare Life and Health Insurance Company

Utilization

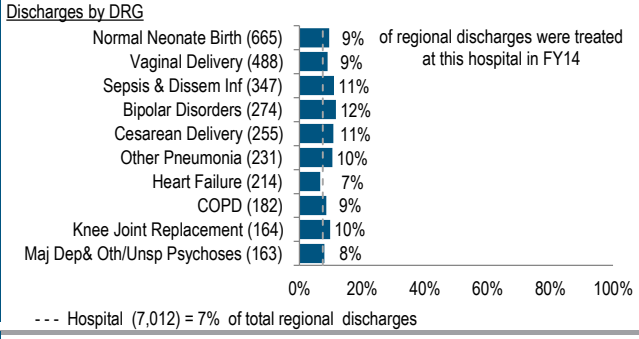
Inpatient Discharges in FY14:	7,012
Change FY13-FY14:	-13.8%
Emergency Department Visits in FY14:	34,283
Change FY13-FY14:	-4.8%
Outpatient Visits in FY14:	51,562
Change FY13-FY14:	-3.5%

Quality

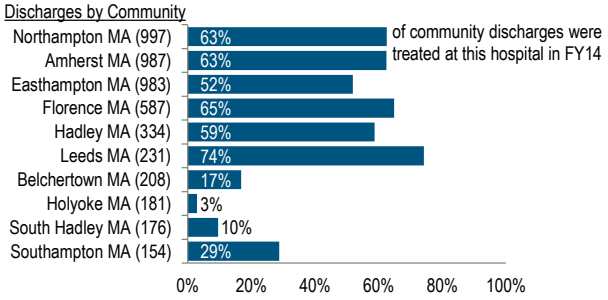
Readmission Rate in FY13:	12.8%
Change FY11-FY13 (percentage points):	-1.4%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

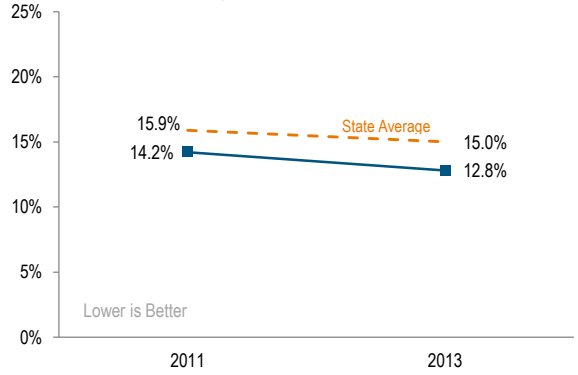


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

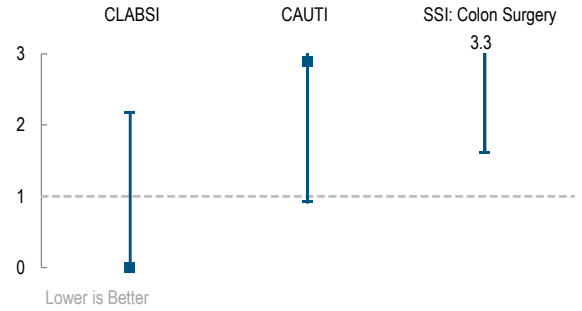


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

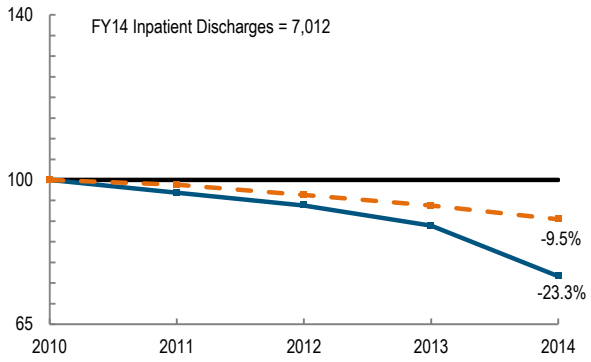
2014 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

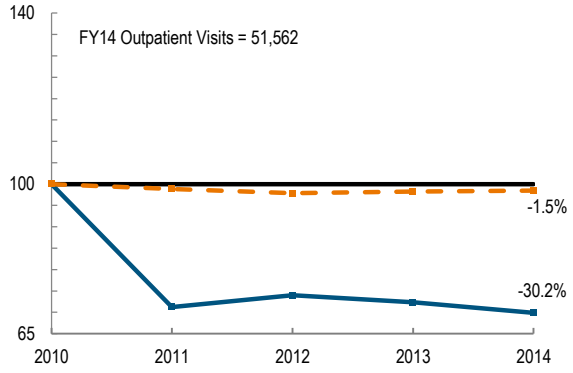
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

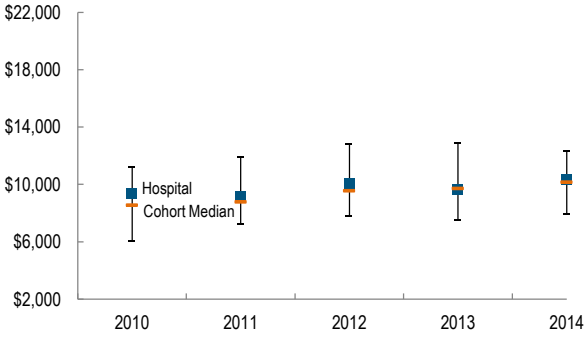


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

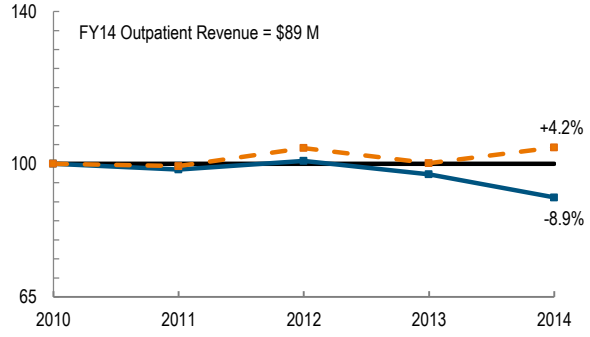


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



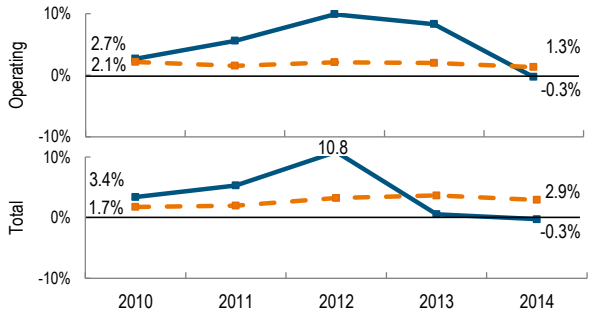
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 167	$ 161	$ 168	$ 161	$ 153
Non-Operating Revenue	$ 1	$ (0)	$ 2	$ (12)	$ 0
Total Revenue	$ 168	$ 161	$ 169	$ 150	$ 153
Total Costs	$ 162	$ 152	$ 151	$ 149	$ 154
Total Profit (Loss)	$ 5.7	$ 8.5	$ 18.3	$ 0.8	$ (0.4)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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EMERSON HOSPITAL

2014 Hospital Profile

Concord, MA
Community Hospital
Northeastern Massachusetts

Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. While outpatient visits at the hospital decreased 2.9% between FY10 and FY14, outpatient revenue increased 8.2% in that same period. Though it was only responsible for 6% of total regional discharges in FY14, it treated 28% of all regional Opioid & Abuse cases and 27% of all Alcohol Abuse & Dependence cases. It earned a profit each year from FY11 to FY14, with a 1.1% total margin in FY14, compared with its peer cohort's median of 2.9%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	199, mid-size acute hospital
% Occupancy:	54.6%, < cohort avg. (61%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.77, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$10,142
Inpatient NPSR per CMAD:	$10,049
Change FY13-FY14:	-2.9%
Inpatient:Outpatient Revenue in FY14:	28%:72%
Outpatient Revenue in FY14:	$121,362,273
Change FY13-FY14:	4.0%
Total Revenue in FY14:	$193,301,365
Total Surplus (Loss) in FY14:	$2,076,704

Payer Mix

Public Payer Mix:	44.9% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	35th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

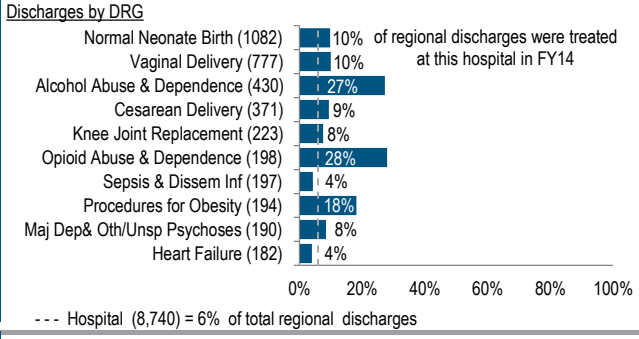
Inpatient Discharges in FY14:	8,740
Change FY13-FY14:	-3.6%
Emergency Department Visits in FY14:	32,471
Change FY13-FY14:	-2.8%
Outpatient Visits in FY14:	92,957
Change FY13-FY14:	-1.8%

Quality

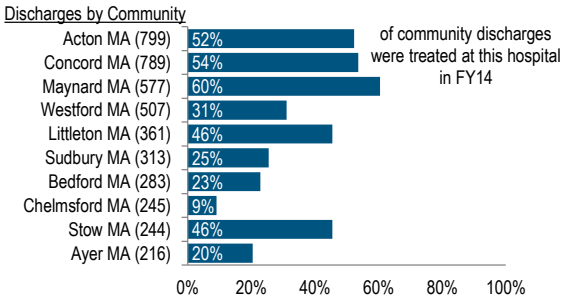
Readmission Rate in FY13:	12.1%
Change FY11-FY13 (percentage points):	0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	1.6%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

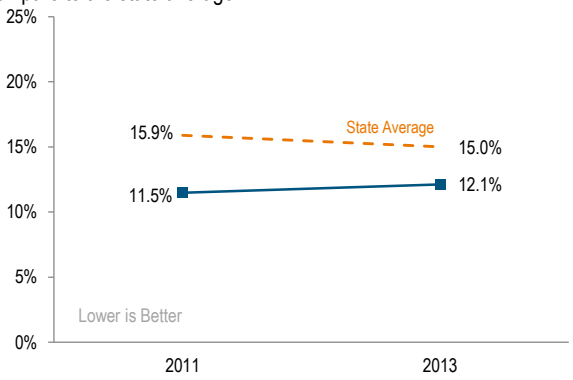


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

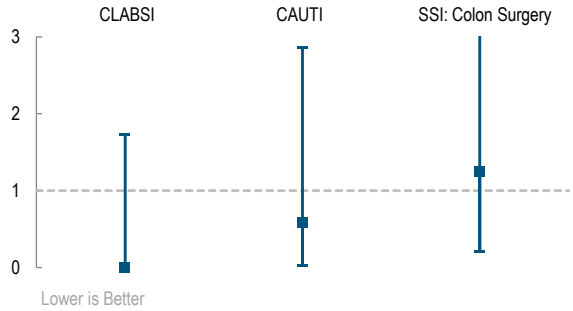


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

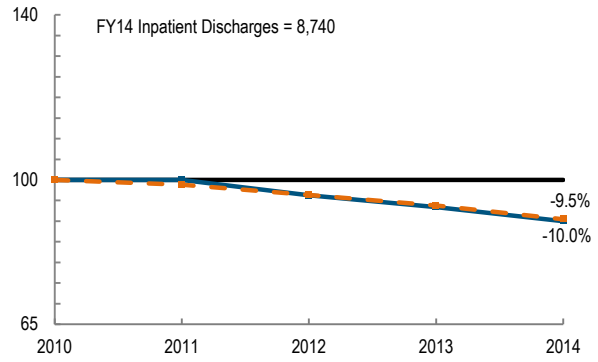
2014 HOSPITAL PROFILE: EMERSON HOSPITAL

Cohort: Community Hospital

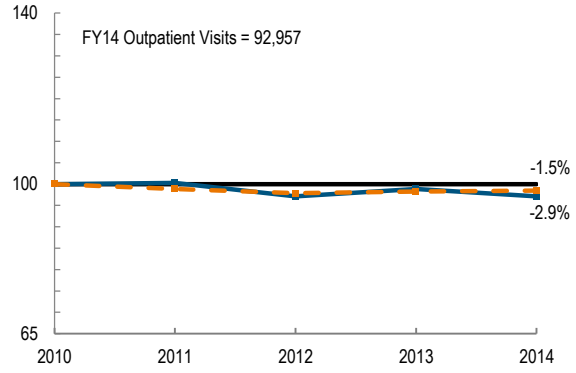
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

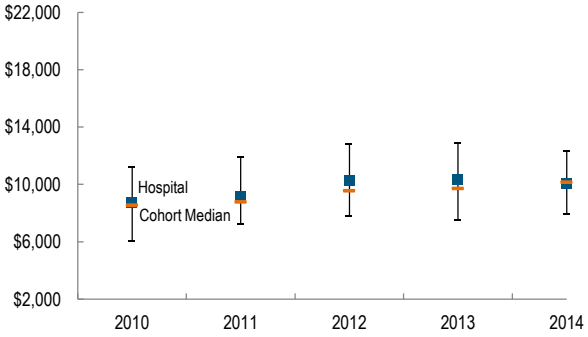


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

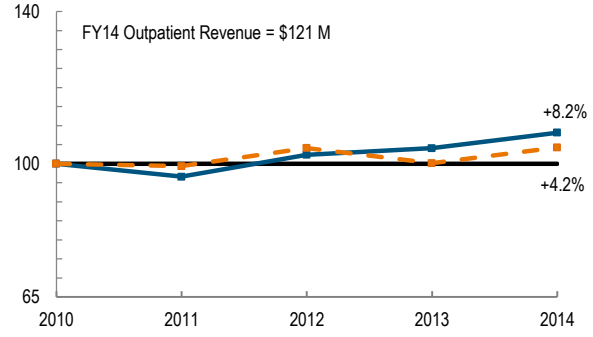


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



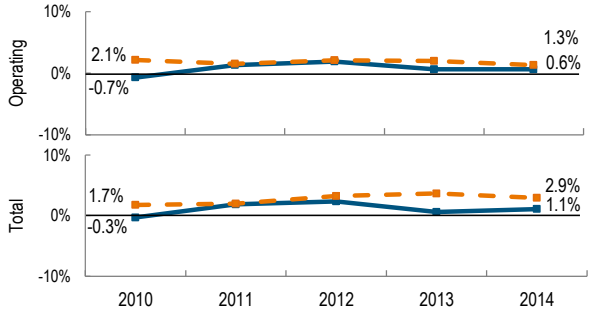
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 183	$ 179	$ 189	$ 190	$ 192
Non-Operating Revenue	$ 1	$ 1	$ 1	$ (0)	$ 1
Total Revenue	$ 184	$ 180	$ 190	$ 190	$ 193
Total Costs	$ 184	$ 177	$ 185	$ 188	$ 191
Total Profit (Loss)	$ (0.6)	$ 3.3	$ 4.5	$ 1.1	$ 2.1

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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HALLMARK HEALTH

2014 Hospital Profile

Medford, MA & Melrose, MA
Community Hospital
Metro Boston

Hallmark Health System (HHS), which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, non-profit community hospital system located in the Metro Boston region. Between FY10 and FY14, inpatient discharges decreased 28.5% at HHS, compared to a median decrease of 9.5% among cohort hospitals. Outpatient visits at HHS decreased by 8.5% from FY10 to FY14, compared with a median decrease of 1.5% at peer cohort hospitals. Its outpatient revenue increased 12.4% from FY10 to FY14. It earned a surplus each year from FY10 to FY14, and had a 5.1% total margin in FY14, compared with a median total margin of 2.9% among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	207, mid-size acute hospital
% Occupancy:	79.8%, > cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.85, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,358
Inpatient NPSR per CMAD:	$10,996
Change FY13-FY14:	6.1%
Inpatient:Outpatient Revenue in FY14:	28%:72%
Outpatient Revenue in FY14:	$137,584,894
Change FY13-FY14:	-6.5%
Total Revenue in FY14:	$266,270,000
Total Surplus (Loss) in FY14:	$13,507,000

Payer Mix

Public Payer Mix:	61.8% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	46th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

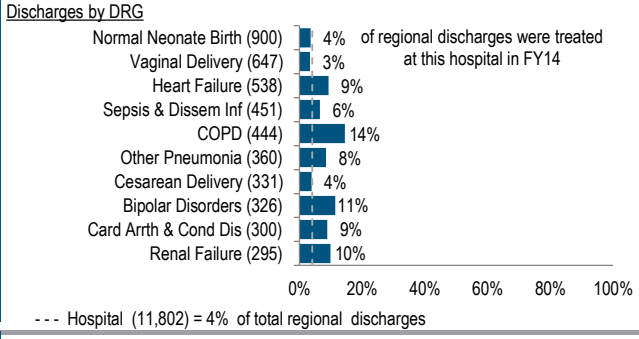
Inpatient Discharges in FY14:	11,802
Change FY13-FY14:	-5.3%
Emergency Department Visits in FY14:	52,595
Change FY13-FY14:	-6.0%
Outpatient Visits in FY14:	556,954
Change FY13-FY14:	4.3%

Quality

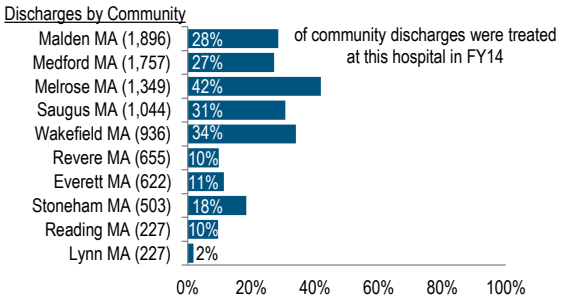
Readmission Rate in FY13:	17.4%
Change FY11-FY13 (percentage points):	-1.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

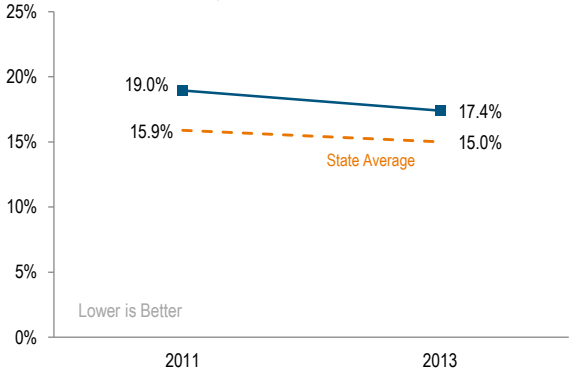


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

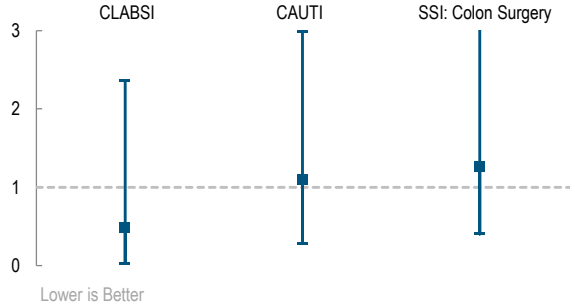


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

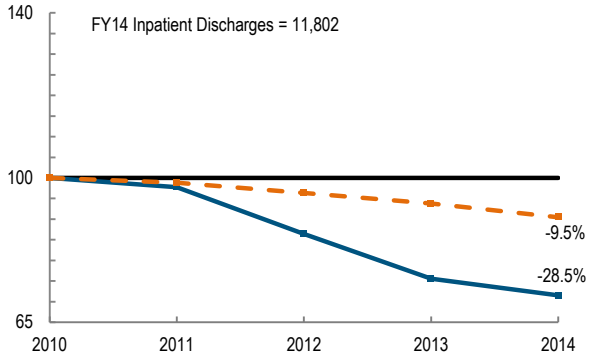
2014 HOSPITAL PROFILE: HALLMARK HEALTH

Cohort: Community Hospital

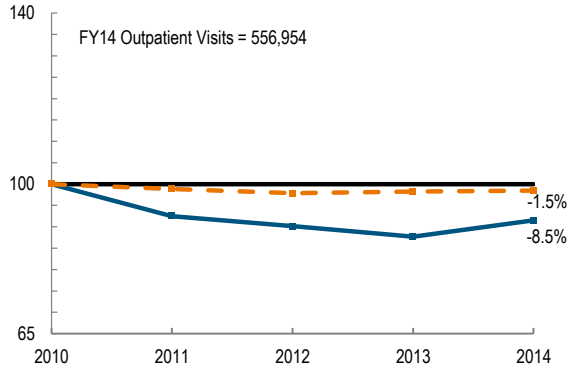
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

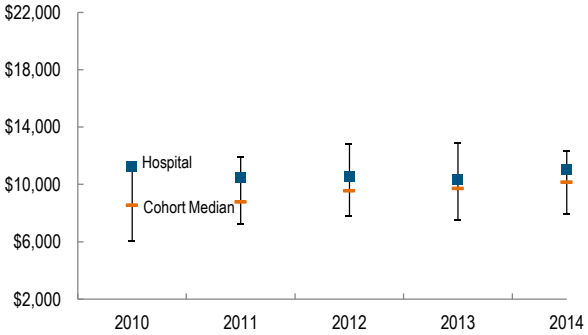


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

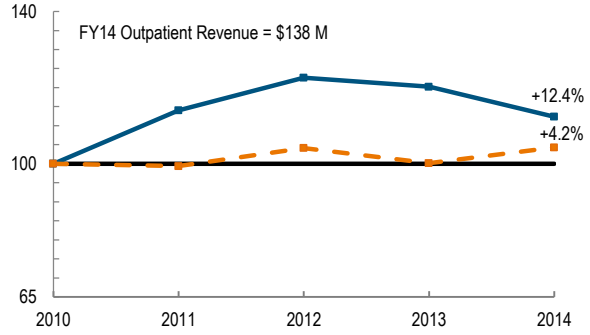


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



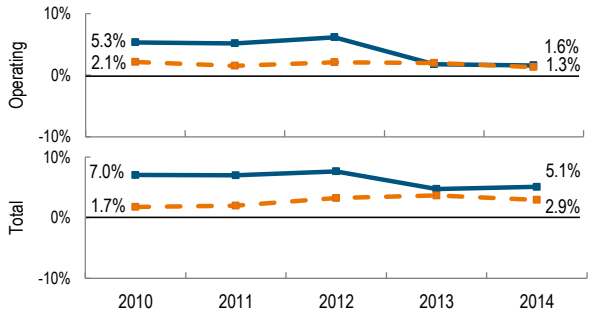
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 278	$ 284	$ 292	$ 264	$ 257
Non-Operating Revenue	$ 5	$ 5	$ 4	$ 8	$ 9
Total Revenue	$ 283	$ 289	$ 296	$ 272	$ 266
Total Costs	$ 263	$ 269	$ 274	$ 259	$ 253
Total Profit (Loss)	$ 19.8	$ 20.1	$ 22.6	$ 12.8	$ 13.5

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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METROWEST MEDICAL CENTER

2014 Hospital Profile

Framingham, MA & Natick, MA
Community Hospital
Metro West

MetroWest Medical Center is a for-profit community hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts. Along with Saint Vincent Hospital, MetroWest Medical Center was bought by Tenet Healthcare Corporation in 2013. Between FY10 and FY14, MetroWest Medical Center's inpatient discharges decreased by 24.8%, compared with a median decrease of 9.5% among cohort hospitals. Outpatient visits increased by 14.3% during that period, compared with a median decrease of 1.5% in its peer cohort. MetroWest operated at a loss each year from FY10 to FY14, and had a total margin of -2.4% in FY14, compared with a median total margin of 2.9% in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Tenet Healthcare
Change in Ownership (FY10-FY14):	Tenet - 2013
Total Staffed Beds:	284, among the larger acute hospitals
% Occupancy:	50.4%, < cohort avg. (61%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$9,636
Inpatient NPSR per CMAD:	$8,374
Change FY13-FY14:	-5.7%
Inpatient:Outpatient Revenue in FY14:	30%:70%
Outpatient Revenue in FY14:	$144,819,089
Change FY13-FY14:	2.2%
Total Revenue in FY14:	$249,364,378
Total Surplus (Loss) in FY14:	($5,993,741)

Payer Mix

Public Payer Mix:	61.5% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	47th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

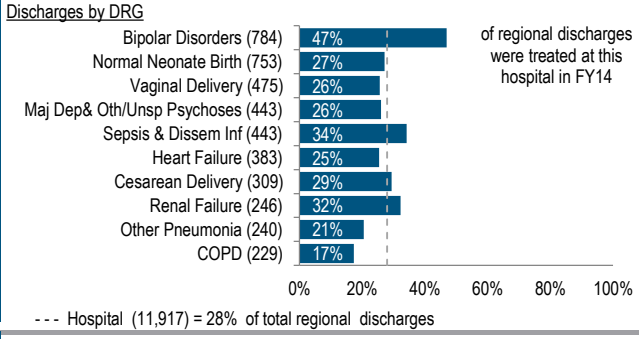
Inpatient Discharges in FY14:	11,917
Change FY13-FY14:	-7.3%
Emergency Department Visits in FY14:	64,068
Change FY13-FY14:	3.8%
Outpatient Visits in FY14:	190,584
Change FY13-FY14:	3.0%

Quality

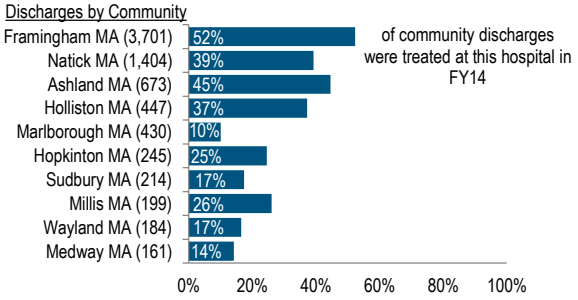
Readmission Rate in FY13:	15.9%
Change FY11-FY13 (percentage points):	-1.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

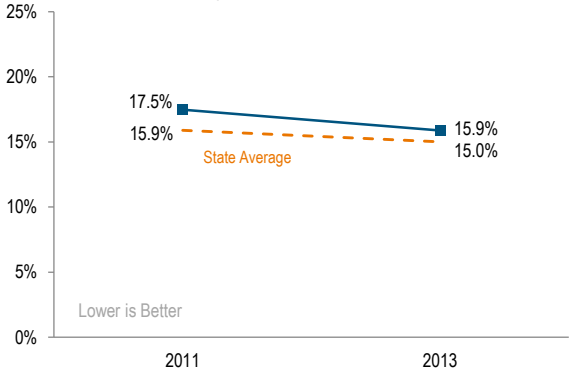


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

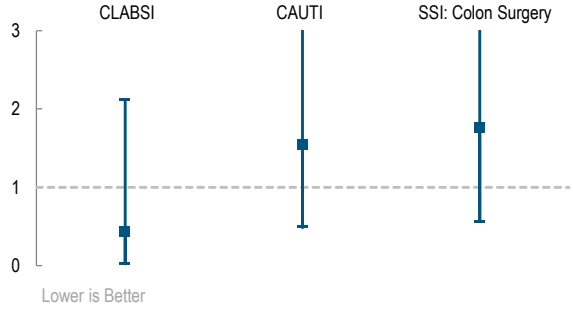


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

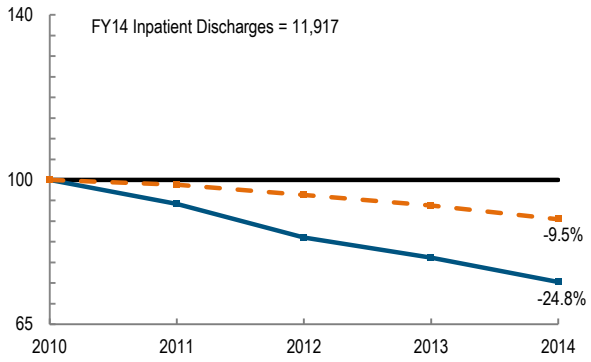
2014 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

Cohort: Community Hospital

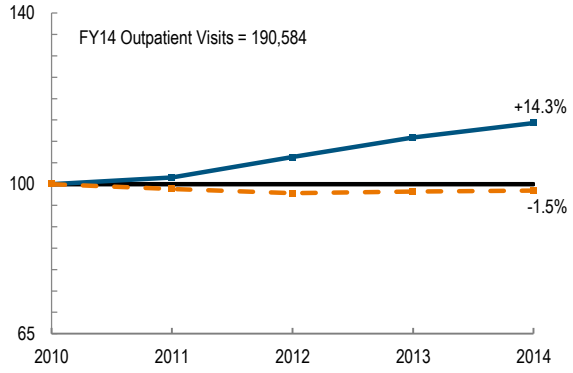
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

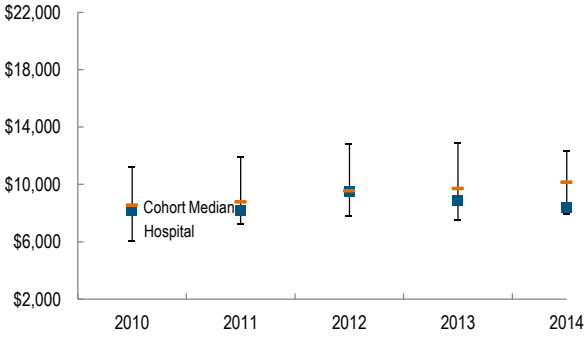


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

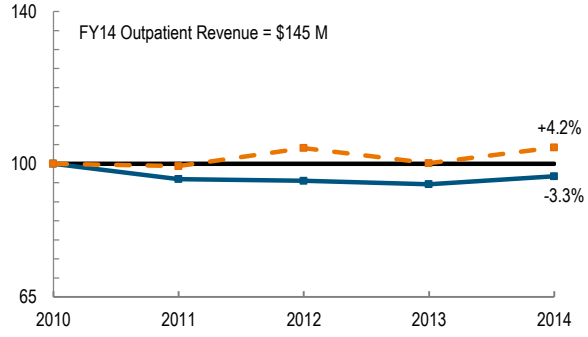


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



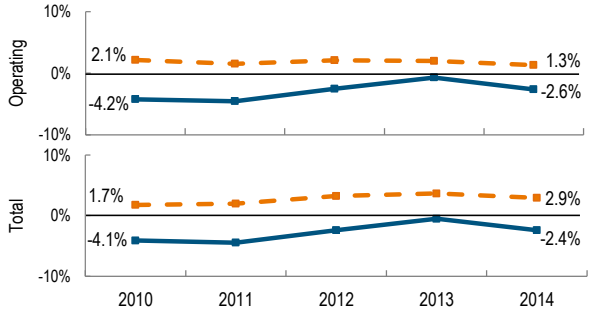
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 258	$ 256	$ 259	$ 256	$ 249
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 1
Total Revenue	$ 258	$ 256	$ 259	$ 256	$ 249
Total Costs	$ 269	$ 268	$ 266	$ 257	$ 255
Total Profit (Loss)	$ (10.6)	$ (11.4)	$ (6.3)	$ (1.4)	$ (6.0)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

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MILFORD REGIONAL MEDICAL CENTER

2014 Hospital Profile

Milford, MA
Community Hospital
Metro West

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Inpatient discharges decreased 2.5% at Milford Regional Hospital from FY10 to FY14, compared with a median decrease of 9.5% among its peer cohort hospitals. Outpatient visits decreased 38.8% at the hospital from FY10 to FY14, compared with a median decrease of 1.5% at its peer cohort hospitals. Milford Regional Hospital earned a profit each year in the five-year period, with a total margin of 4.2% in FY14, higher than the 2.9% median total margin of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	150, mid-size acute hospital
% Occupancy:	52.9%, < cohort avg. (61%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.81, = cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$9,026
Inpatient NPSR per CMAD:	$10,890
Change FY13-FY14:	27.4%
Inpatient:Outpatient Revenue in FY14:	26%:74%
Outpatient Revenue in FY14:	$113,709,588
Change FY13-FY14:	-8.6%
Total Revenue in FY14:	$188,866,283
Total Surplus (Loss) in FY14:	$7,863,000

Payer Mix

Public Payer Mix:	51.9% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	34th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

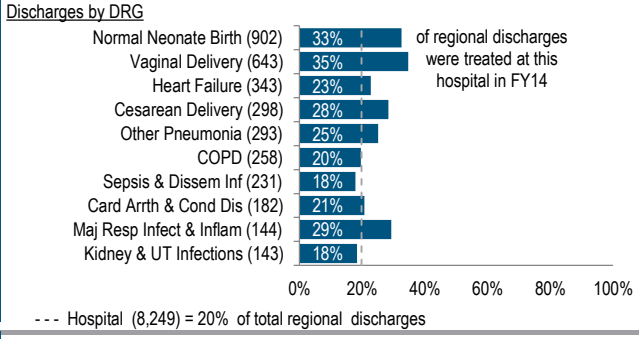
Inpatient Discharges in FY14:	8,249
Change FY13-FY14:	-4.9%
Emergency Department Visits in FY14:	55,570
Change FY13-FY14:	0.5%
Outpatient Visits in FY14:	113,298
Change FY13-FY14:	3.3%

Quality

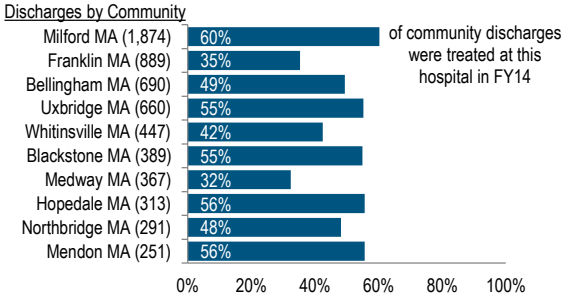
Readmission Rate in FY13:	16.6%
Change FY11-FY13 (percentage points):	-0.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

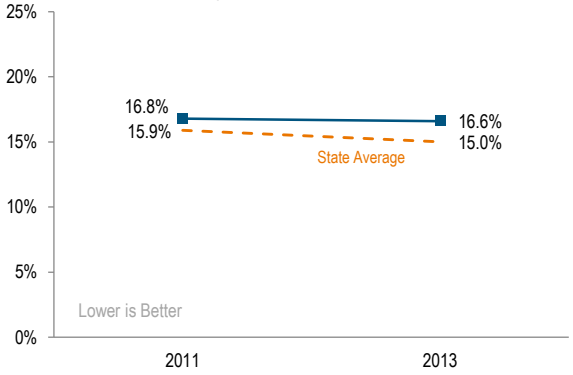


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

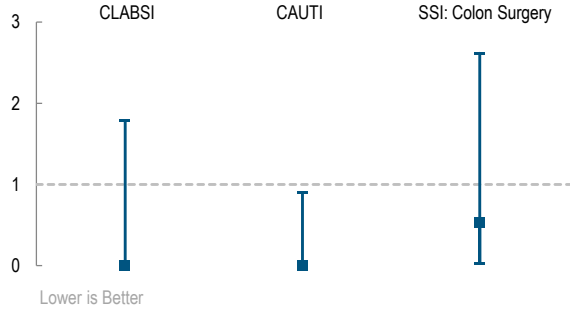


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

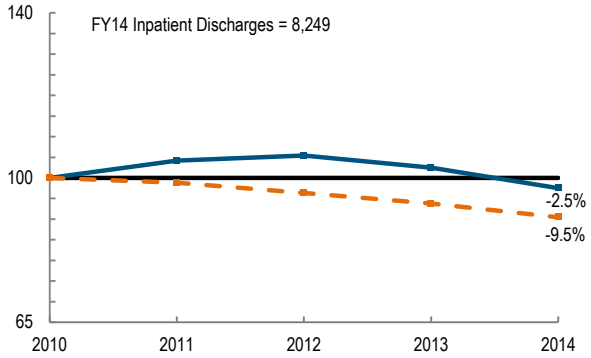
2014 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

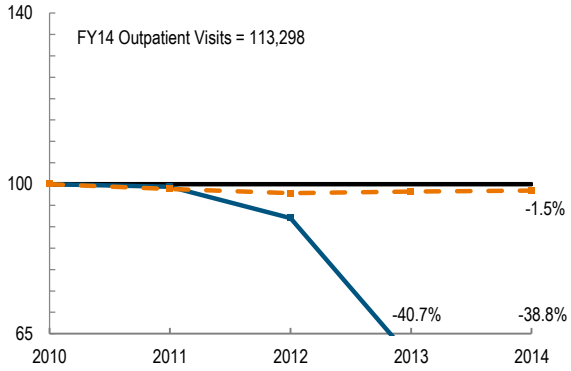
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

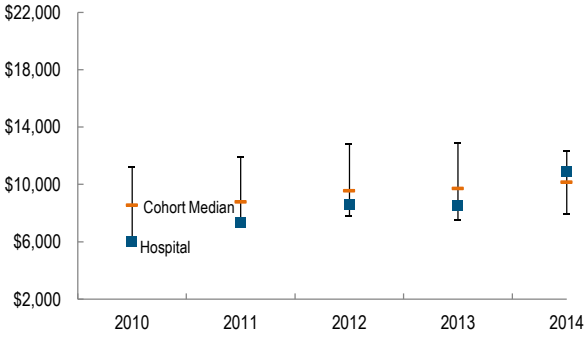


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

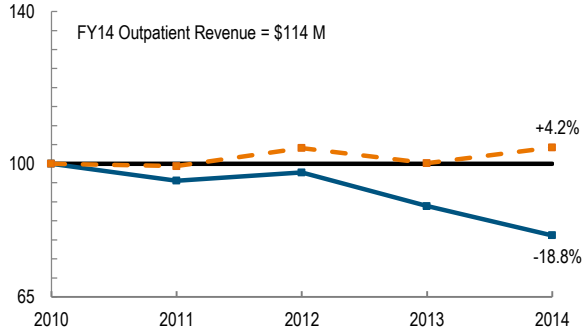


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



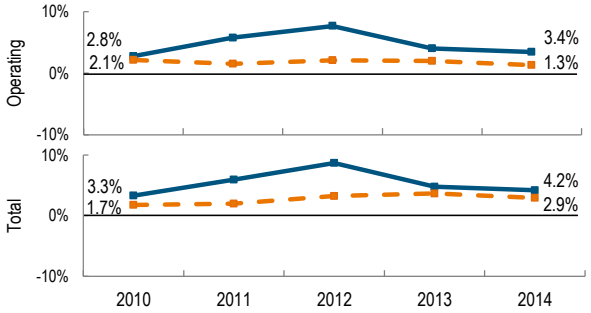
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 189	$ 195	$ 196	$ 183	$ 188
Non-Operating Revenue	$ 1	$ 0	$ 2	$ 1	$ 1
Total Revenue	$ 190	$ 195	$ 198	$ 185	$ 189
Total Costs	$ 183	$ 184	$ 181	$ 176	$ 181
Total Profit (Loss)	$ 6.2	$ 11.6	$ 17.2	$ 8.8	$ 7.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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NANTUCKET COTTAGE HOSPITAL

2014 Hospital Profile

Nantucket, MA
Community Hospital
Cape and Islands

Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region. Nantucket Cottage is the second smallest hospital in Massachusetts, with 23 staffed beds. It is a member of Partners HealthCare System. Inpatient discharges increased 21.2% at the hospital between FY10 and FY14, compared with a 9.5% decrease at the median of its cohort. Outpatient revenue at the hospital increased 54.7% in that period. Nantucket Cottage Hospital earned a profit in FY12, FY13, and FY14, with a total margin of 5.9% in FY14, higher than the cohort median of 2.9%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	23, among the smallest acute hospitals
% Occupancy:	26.8%, lowest in cohort (avg. 61%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.62, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$19,112
Inpatient NPSR per CMAD:	$10,190
Change FY13-FY14:	36.0%
Inpatient:Outpatient Revenue in FY14:	13%:87%
Outpatient Revenue in FY14:	$30,531,057
Change FY13-FY14:	7.2%
Total Revenue in FY14:	$39,775,000
Total Surplus (Loss) in FY14:	$2,349,000

Payer Mix

Public Payer Mix:	44.1% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	72nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Aetna Health Inc. (PA)

Utilization

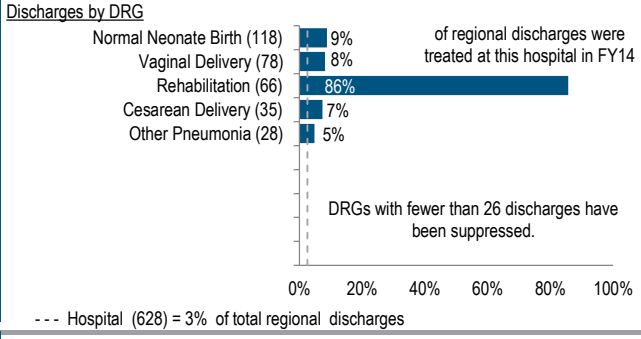
Inpatient Discharges in FY14:	628
Change FY13-FY14:	12.9%
Emergency Department Visits in FY14:	10,044
Change FY13-FY14:	-11.3%
Outpatient Visits in FY14:	24,094
Change FY13-FY14:	-11.4%

Quality

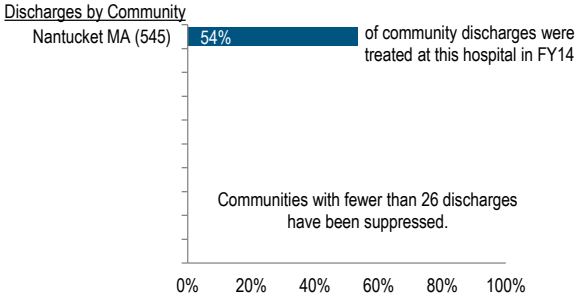
Readmission Rate in FY13:	16.0%
Change FY11-FY13 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

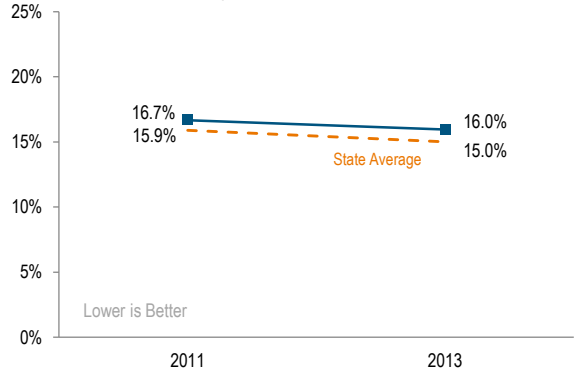


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

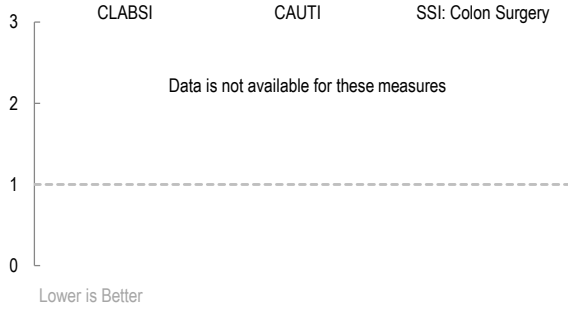


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

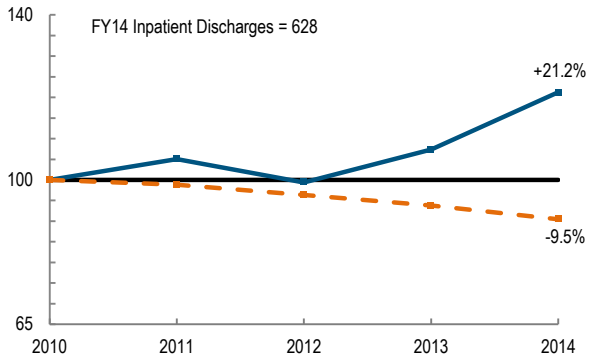
2014 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

Cohort: Community Hospital

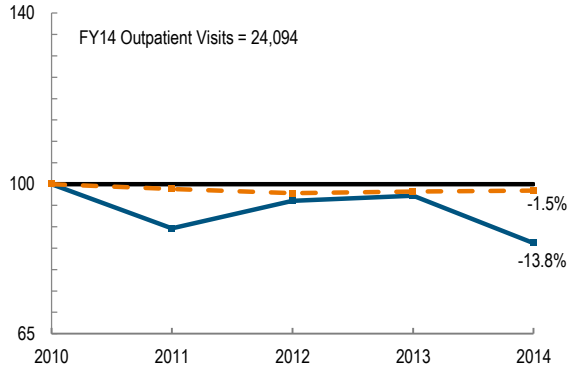
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

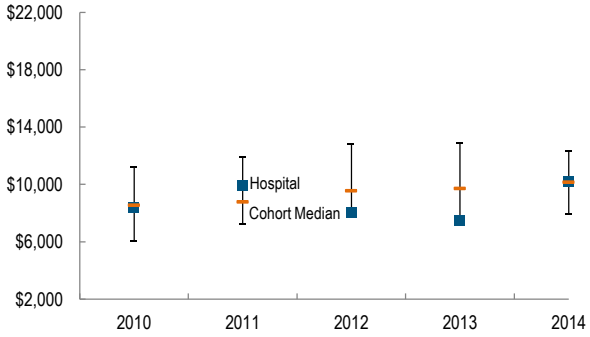


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

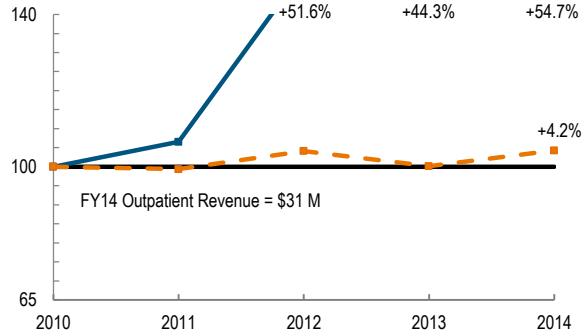


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



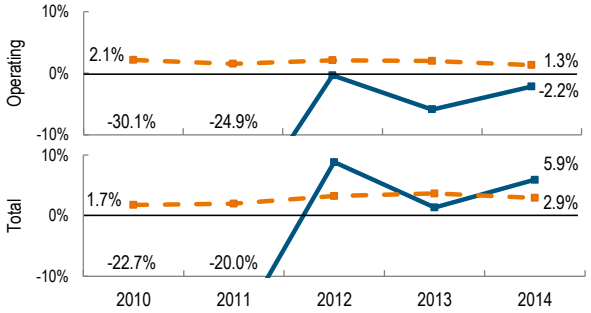
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 27	$ 26	$ 33	$ 32	$ 37
Non-Operating Revenue	$ 2	$ 1	$ 3	$ 3	$ 3
Total Revenue	$ 30	$ 27	$ 37	$ 35	$ 40
Total Costs	$ 36	$ 32	$ 33	$ 35	$ 37
Total Profit (Loss)	$ (6.7)	$ (5.4)	$ 3.2	$ 0.5	$ 2.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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NEWTON-WELLESLEY HOSPITAL

2014 Hospital Profile

Newton, MA
Community Hospital
Metro Boston

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is among the larger acute hospitals in Massachusetts and a member of Partners HealthCare System. Though it treated only 7% of total regional discharges, it was responsible for 17% of all Cesarean delivery discharges in Metro Boston. Inpatient discharges at Newton-Wellesley decreased 1.6% from FY10 to FY14, compared to a median decrease of 9.5% in its peer cohort. Newton-Wellesley was profitable each year in the five-year period, and it had a total margin of 2.8% in FY14, the lowest in the five year period. It receives the lowest percentage of business from public payers of any non-specialty acute hospital.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	282, among the larger acute hospitals
% Occupancy:	75.5%, > cohort avg. (61%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.74, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,373
Inpatient NPSR per CMAD:	$12,227
Change FY13-FY14:	-5.2%
Inpatient:Outpatient Revenue in FY14:	35%:65%
Outpatient Revenue in FY14:	$222,175,786
Change FY13-FY14:	3.5%
Total Revenue in FY14:	$426,470,000
Total Surplus (Loss) in FY14:	$11,769,000

Payer Mix

Public Payer Mix:	40.3% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	62nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

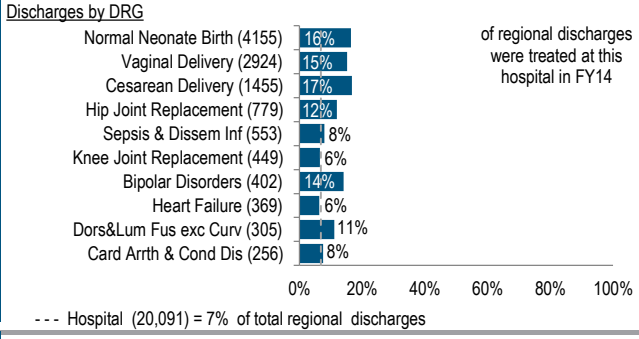
Inpatient Discharges in FY14:	20,091
Change FY13-FY14:	2.9%
Emergency Department Visits in FY14:	54,664
Change FY13-FY14:	-1.5%
Outpatient Visits in FY14:	129,471
Change FY13-FY14:	1.9%

Quality

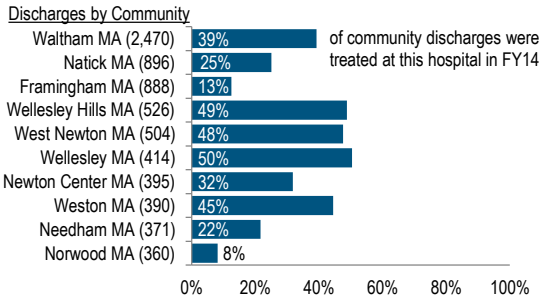
Readmission Rate in FY13:	11.8%
Change FY11-FY13 (percentage points):	-2.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	4.1%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

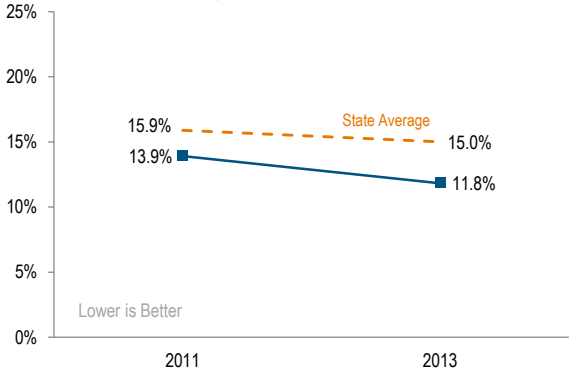


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

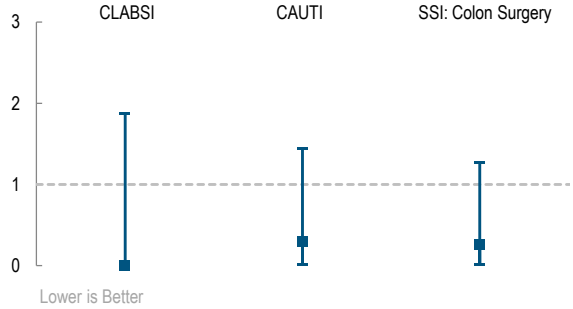


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

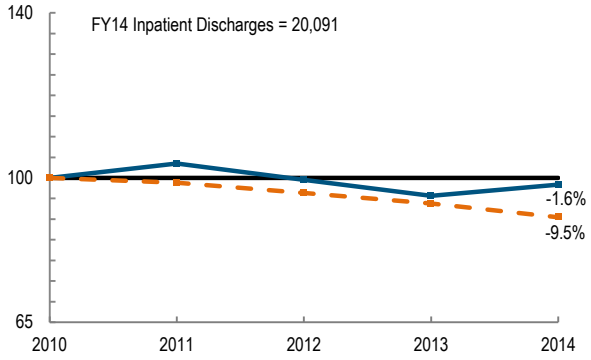
2014 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

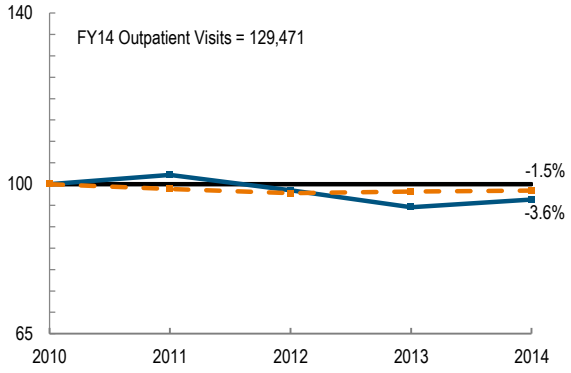
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

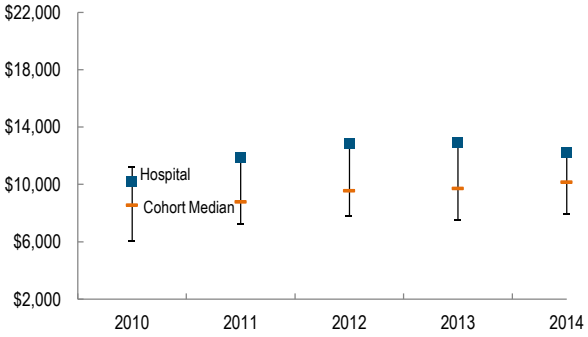


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

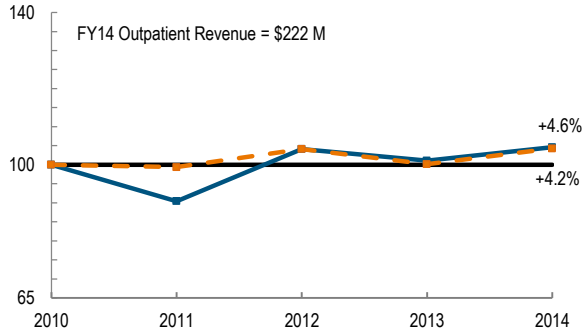


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



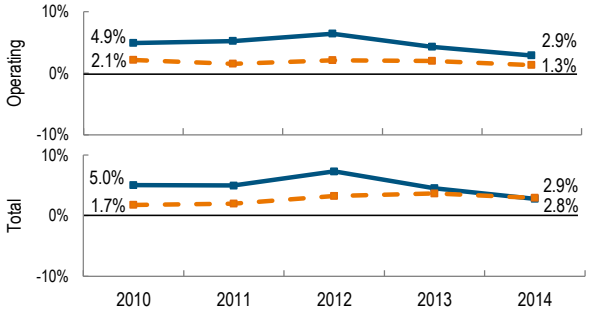
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 384	$ 398	$ 426	$ 416	$ 427
Non-Operating Revenue	$ 0	$ (1)	$ 4	$ 1	$ (0)
Total Revenue	$ 385	$ 397	$ 429	$ 417	$ 426
Total Costs	$ 365	$ 377	$ 398	$ 398	$ 415
Total Profit (Loss)	$ 19.3	$ 19.6	$ 31.2	$ 18.8	$ 11.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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NORTHEAST HOSPITAL

2014 Hospital Profile

Beverly, MA & Gloucester, MA
Community Hospital
Northeastern Massachusetts

Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Northeast Hospital and Lahey Hospital & Medical Center formed Lahey Health in 2012. Inpatient discharges at the hospital increased 3.7% from FY10 to FY14, while the median inpatient discharges among peer cohort hospitals decreased 9.5%. Northeast Hospital earned a profit each year from FY10 to FY14, with a total margin of 5.7% in FY14, higher than the 2.9% median total margin among cohort hospitals, and the highest in the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY10-FY14):	Lahey Health - 2012
Total Staffed Beds:	404, among the larger acute hospitals
% Occupancy:	66.5%, > cohort avg. (61%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.79, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$8,993
Inpatient NPSR per CMAD:	$10,108
Change FY13-FY14:	1.2%
Inpatient:Outpatient Revenue in FY14:	37%:63%
Outpatient Revenue in FY14:	$154,605,194
Change FY13-FY14:	-4.1%
Total Revenue in FY14:	$336,505,000
Total Surplus (Loss) in FY14:	$19,194,000

Payer Mix

Public Payer Mix:	61.9% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	36th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

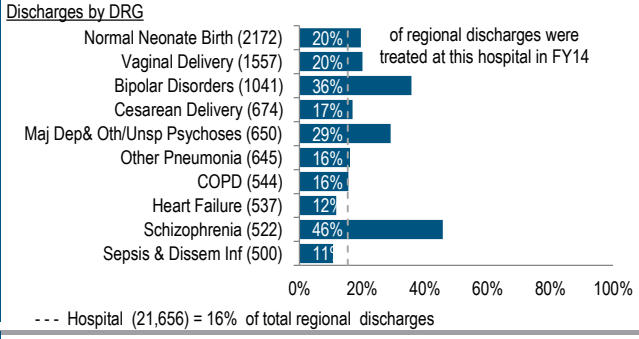
Inpatient Discharges in FY14:	21,656
Change FY13-FY14:	3.1%
Emergency Department Visits in FY14:	62,697
Change FY13-FY14:	-1.5%
Outpatient Visits in FY14:	165,792
Change FY13-FY14:	-0.6%

Quality

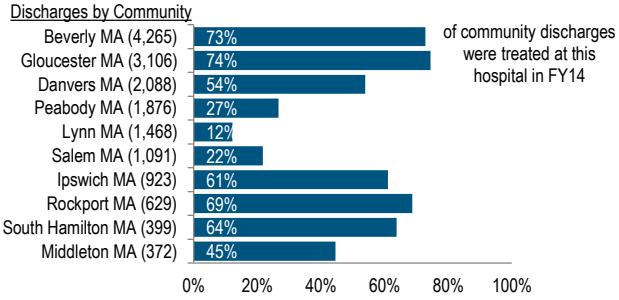
Readmission Rate in FY13:	16.7%
Change FY11-FY13 (percentage points):	-0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	13.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

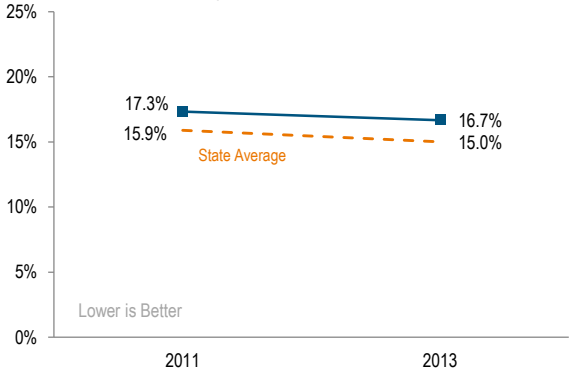


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

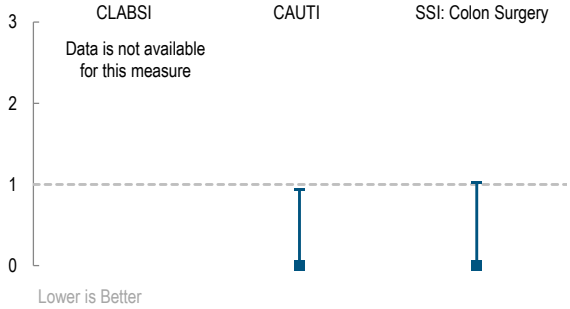


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

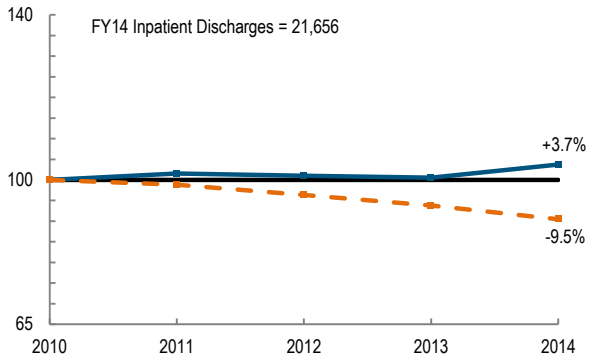
2014 HOSPITAL PROFILE: NORTHEAST HOSPITAL

Cohort: Community Hospital

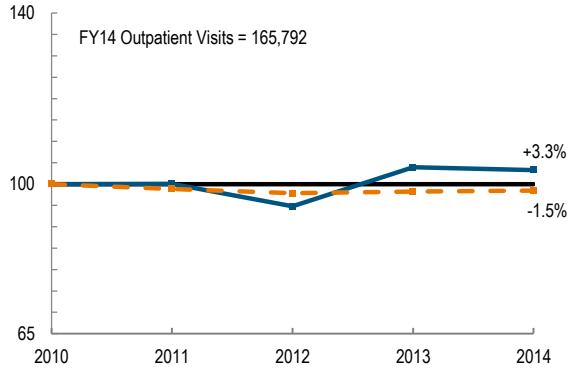
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

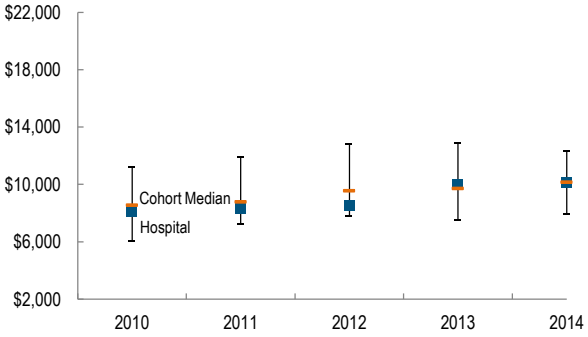


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

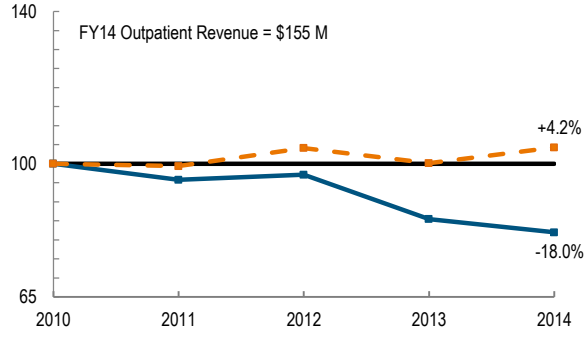


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



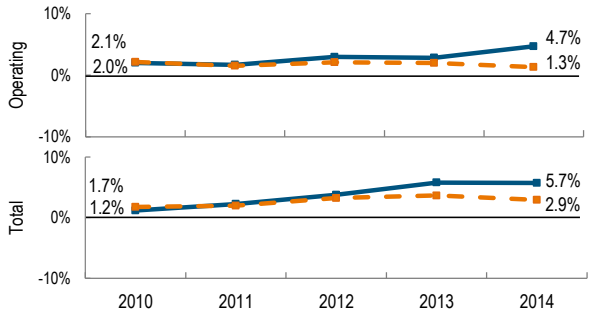
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 322	$ 316	$ 330	$ 321	$ 333
Non-Operating Revenue	$ (3)	$ 2	$ 3	$ 10	$ 3
Total Revenue	$ 319	$ 318	$ 333	$ 331	$ 337
Total Costs	$ 316	$ 311	$ 320	$ 312	$ 317
Total Profit (Loss)	$ 3.7	$ 7.1	$ 12.6	$ 19.1	$ 19.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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SOUTH SHORE HOSPITAL

2014 Hospital Profile

South Weymouth, MA
Community Hospital
Metro South

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Inpatient discharges at South Shore Hospital decreased 6.6% between FY10 and FY14, compared with a 9.5% decrease at the cohort median. Outpatient visits increased 7.2% between FY10 and FY14 at the hospital, compared to a median decrease of 1.5% at peer cohort hospitals. During the same period, outpatient revenue increased 30.9% at the hospital. South Shore Hospital was profitable from FY10 to FY14, with a total margin of 3.3% in FY14, higher than the 2.9% median total margin of its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	415, 10th largest acute hospital
% Occupancy:	68.1%, > cohort avg. (61%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 2, Pedi: Level 3
Case Mix Index:	0.84, > cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$10,168
Inpatient NPSR per CMAD:	$11,791
Change FY13-FY14:	1.7%
Inpatient:Outpatient Revenue in FY14:	44%:56%
Outpatient Revenue in FY14:	$236,436,116
Change FY13-FY14:	7.8%
Total Revenue in FY14:	$494,896,482
Total Surplus (Loss) in FY14:	$16,370,390

Payer Mix

Public Payer Mix:	57.5% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	61st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

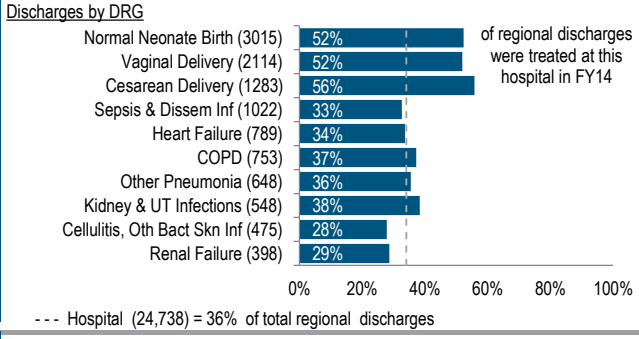
Inpatient Discharges in FY14:	24,738
Change FY13-FY14:	-0.9%
Emergency Department Visits in FY14:	86,923
Change FY13-FY14:	1.1%
Outpatient Visits in FY14:	301,227
Change FY13-FY14:	-1.1%

Quality

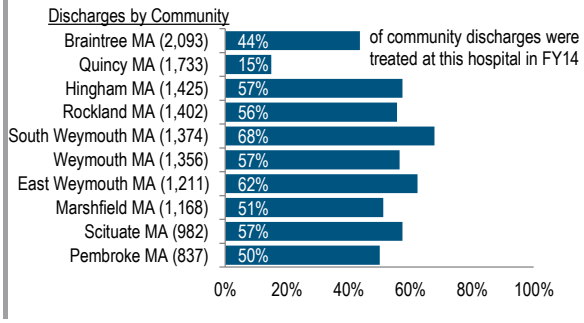
Readmission Rate in FY13:	14.4%
Change FY11-FY13 (percentage points):	-1.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

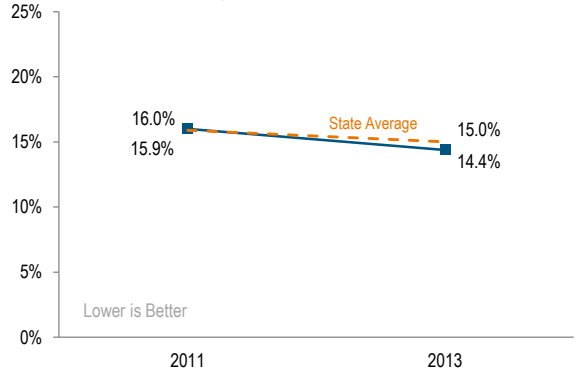


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

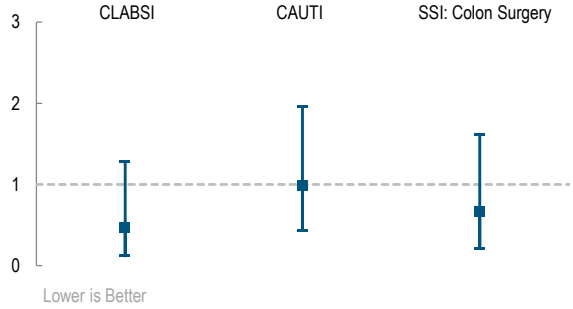


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

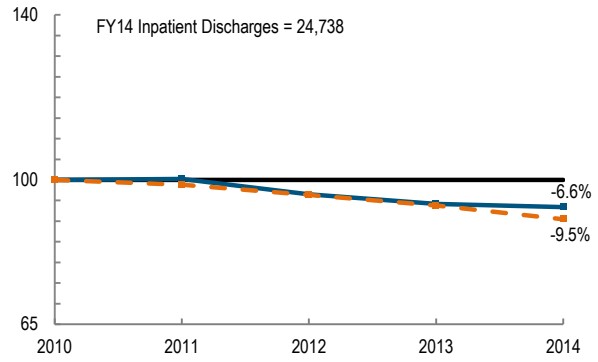
2014 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

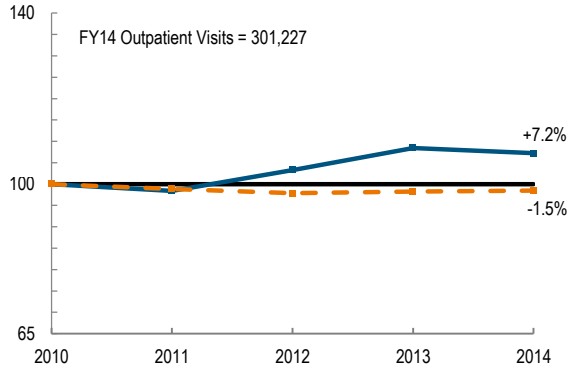
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

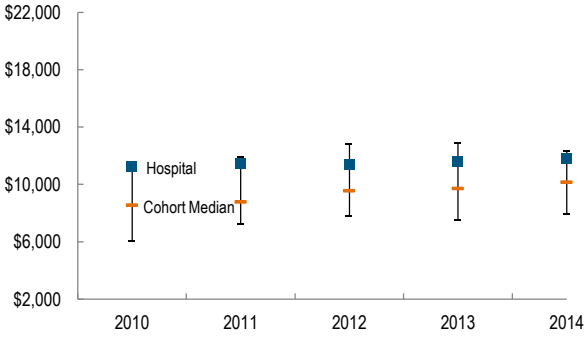


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

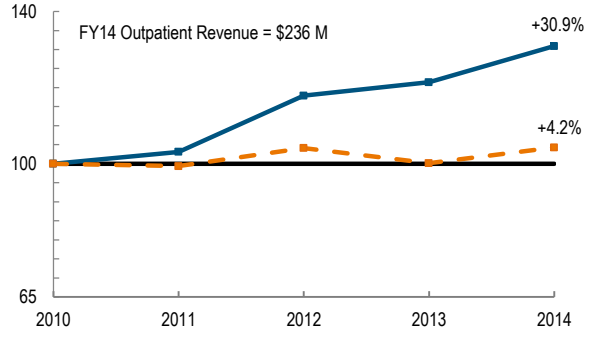


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



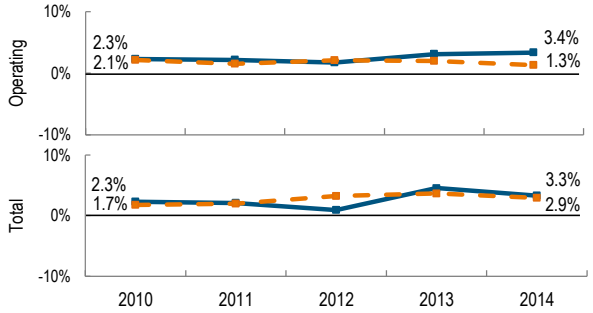
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 421	$ 436	$ 459	$ 472	$ 495
Non-Operating Revenue	$ 0	$ (0)	$ (4)	$ 7	$ (0)
Total Revenue	$ 421	$ 436	$ 455	$ 479	$ 495
Total Costs	$ 411	$ 427	$ 451	$ 457	$ 479
Total Profit (Loss)	$ 9.6	$ 9.1	$ 4.2	$ 21.7	$ 16.4

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

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‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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WINCHESTER HOSPITAL

2014 Hospital Profile

Winchester, MA
Community Hospital
Northeastern Massachusetts

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Winchester Hospital had 20.2% fewer inpatient discharges in FY14 than in FY10, compared to a median decrease of 9.5% in its peer cohort. Outpatient visits at Winchester Hospital increased 7.0% over the period, compared with a median 1.5% decrease among peer cohort hospitals. Winchester Hospital earned a profit each year from FY10 to FY14, with a 3.1% total margin in FY14, higher than the 2.9% median total margin of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY10-FY14):	Lahey Health - 2014
Total Staffed Beds:	229, mid-size acute hospital
% Occupancy:	57.0%, < cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.77, < cohort avg. (0.81); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,924
Inpatient NPSR per CMAD:	$12,338
Change FY13-FY14:	2.3%
Inpatient:Outpatient Revenue in FY14:	30%:70%
Outpatient Revenue in FY14:	$137,881,263
Change FY13-FY14:	-3.4%
Total Revenue in FY14:	$271,510,740
Total Surplus (Loss) in FY14:	$8,376,134

Payer Mix

Public Payer Mix:	44.1% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	59th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

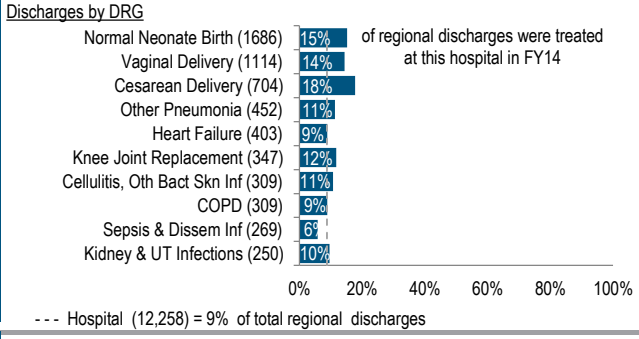
Inpatient Discharges in FY14:	12,258
Change FY13-FY14:	-8.0%
Emergency Department Visits in FY14:	40,476
Change FY13-FY14:	-4.1%
Outpatient Visits in FY14:	224,286
Change FY13-FY14:	-1.4%

Quality

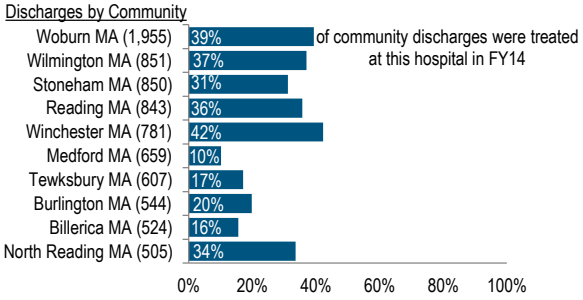
Readmission Rate in FY13:	14.4%
Change FY11-FY13 (percentage points):	-0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	4.9%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

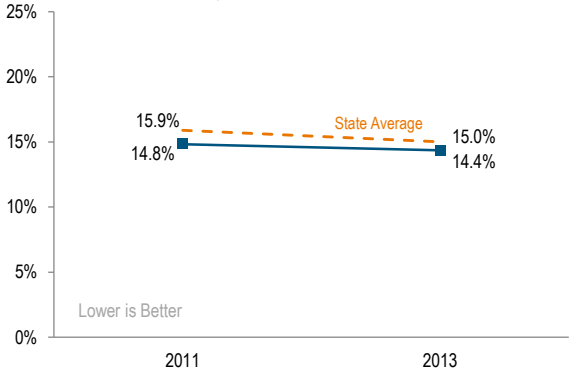


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

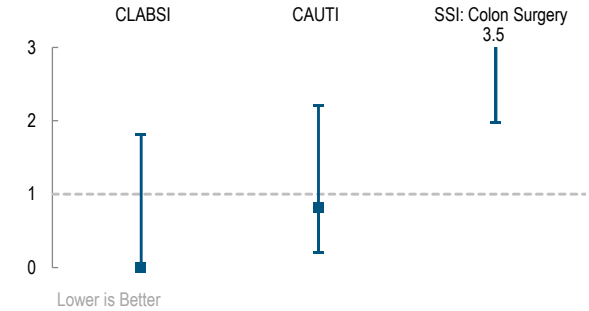


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

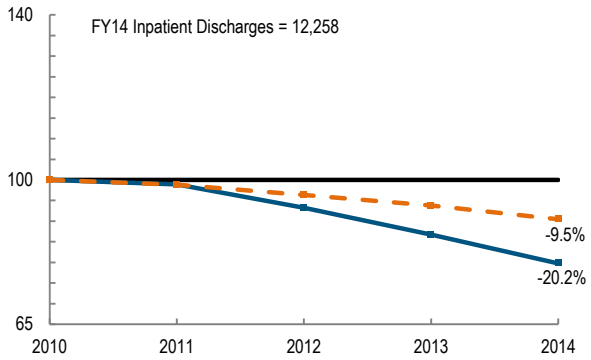
2014 HOSPITAL PROFILE: WINCHESTER HOSPITAL

Cohort: Community Hospital

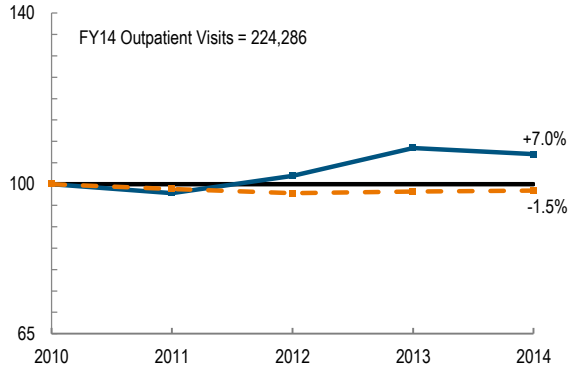
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

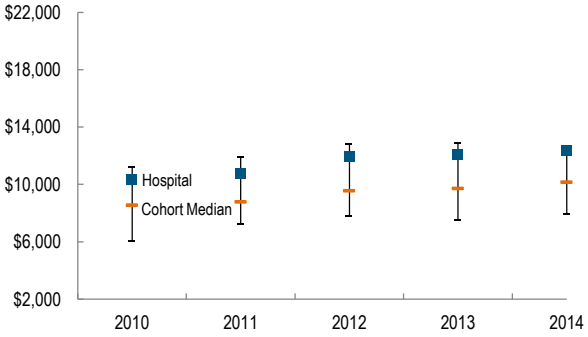


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

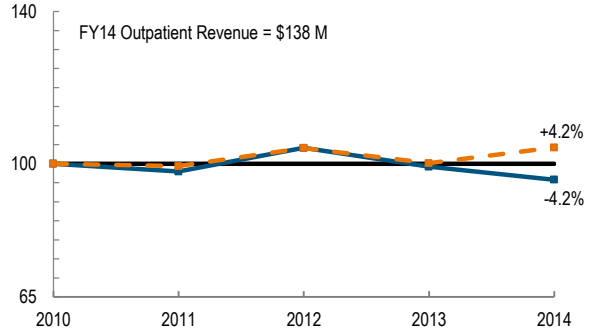


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



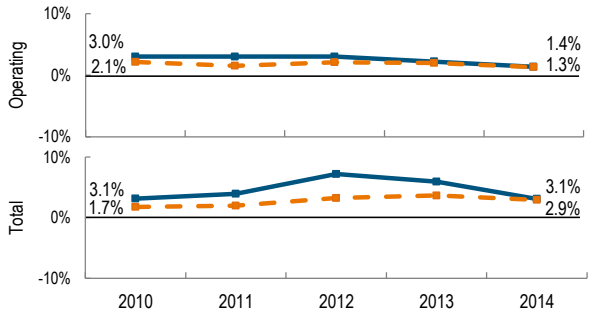
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 266	$ 268	$ 282	$ 273	$ 267
Non-Operating Revenue	$ 0	$ 2	$ 12	$ 11	$ 5
Total Revenue	$ 267	$ 271	$ 294	$ 283	$ 272
Total Costs	$ 258	$ 260	$ 273	$ 266	$ 263
Total Profit (Loss)	$ 8.3	$ 10.6	$ 21.1	$ 16.8	$ 8.4

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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ATHOL HOSPITAL

2014 Hospital Profile

Athol, MA
Community, Disproportionate Share Hospital
Central Massachusetts

Athol Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts, with 11 staffed beds. It is a member of the Heywood Healthcare system, and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported losses from FY10 through FY12, but it earned a profit in FY13 and FY14, with a 6.2% total margin in FY14 compared with a median total margin of 5.3% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY10-FY14):	Heywood Healthcare - 2012
Total Staffed Beds:	11, the smallest acute hospital
% Occupancy:	85.8%, > cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.82, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$14,274
Inpatient NPSR per CMAD:	$13,536
Change FY13-FY14:	4.3%
Inpatient:Outpatient Revenue in FY14:	13%:87%
Outpatient Revenue in FY14:	$15,210,670
Change FY13-FY14:	8.8%
Total Revenue in FY14:	$22,840,837
Total Surplus (Loss) in FY14:	$1,415,657

Payer Mix

Public Payer Mix:	70.8% (DSH* Hospital)
CY14 Commercial Payer Price Level:	48th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Fallon Health and Life Assurance Company
	Tufts Associated Health Maintenance Org.

Utilization

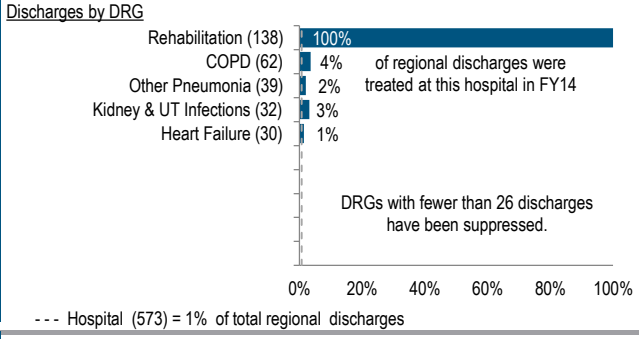
Inpatient Discharges in FY14:	573
Change FY13-FY14:	-0.5%
Emergency Department Visits in FY14:	9,959
Change FY13-FY14:	-3.6%
Outpatient Visits in FY14:	38,489
Change FY13-FY14:	-6.5%

Quality

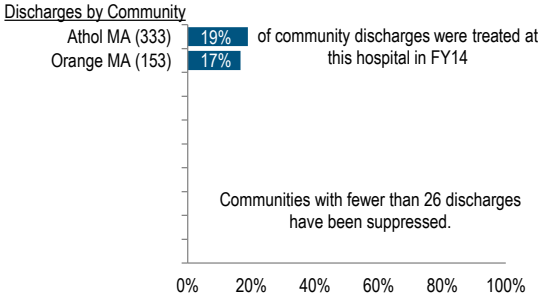
Readmission Rate in FY13:	13.0%
Change FY11-FY13 (percentage points):	-1.4%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

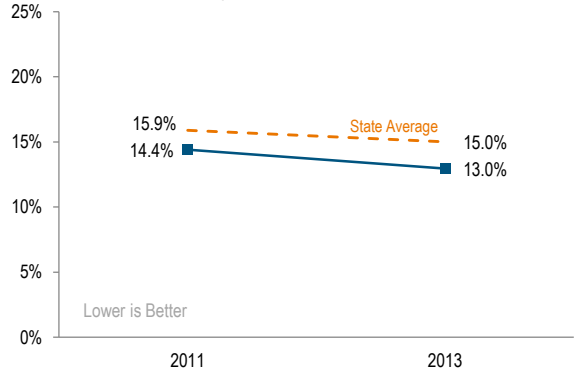


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

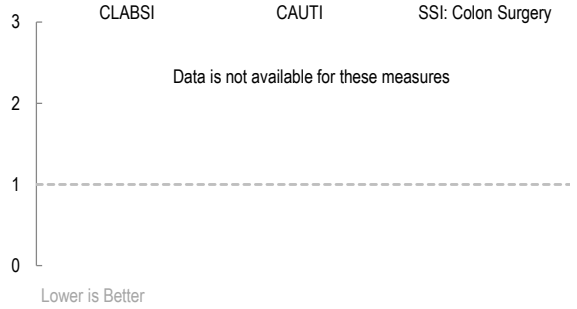


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

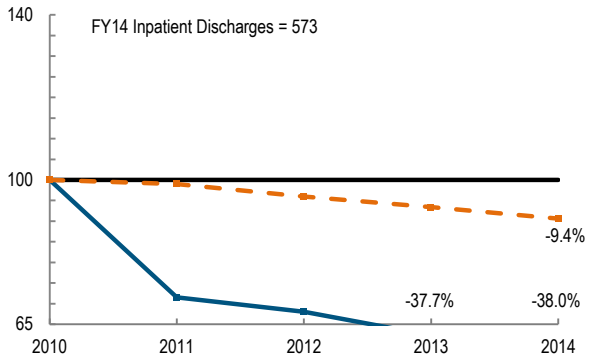
2014 HOSPITAL PROFILE: ATHOL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

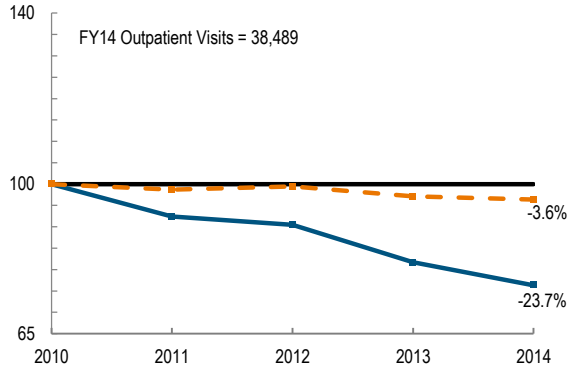
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

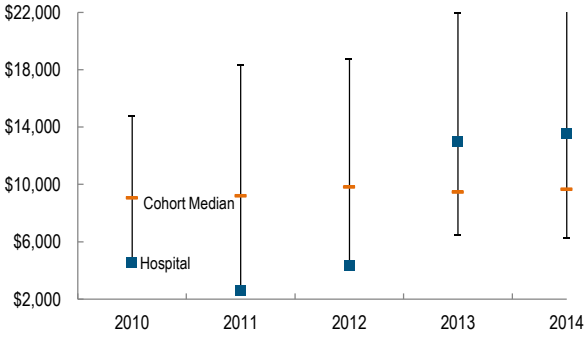


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

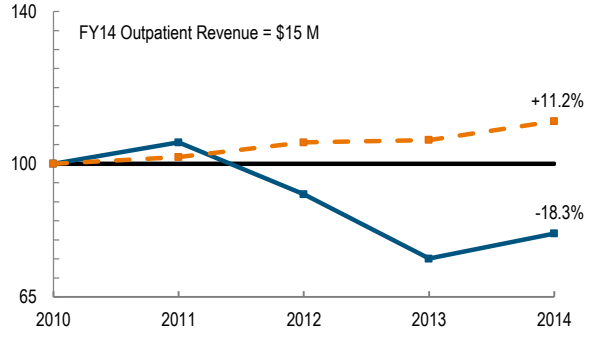


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



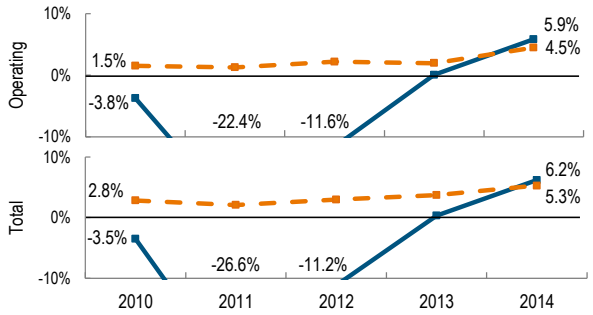
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 22	$ 19	$ 20	$ 19	$ 23
Non-Operating Revenue	$ 0	$ (1)	$ 0	$ 0	$ 0
Total Revenue	$ 22	$ 18	$ 20	$ 20	$ 23
Total Costs	$ 23	$ 22	$ 22	$ 19	$ 21
Total Profit (Loss)	$ (0.8)	$ (4.7)	$ (2.3)	$ 0.1	$ 1.4

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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BAYSTATE FRANKLIN MEDICAL CENTER

2014 Hospital Profile

Greenfield, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Baystate Franklin Medical Center is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is a member of the Baystate Health system. Between FY10 and FY14, the volume of inpatient discharges at the hospital increased 5.2% compared to a median decrease of 9.4% at cohort hospitals. Outpatient visits decreased 19.3% for the hospital between FY10 and FY14, compared to a median decrease of 3.6% in outpatient visits for peer hospitals. Baystate Franklin Medical Center earned a profit of $1.8M in FY14, recovering from a loss in FY13.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	110, mid-size acute hospital
% Occupancy:	45.1%, < cohort avg. (66%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.76, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$9,949
Inpatient NPSR per CMAD:	$9,183
Change FY13-FY14:	9.2%
Inpatient:Outpatient Revenue in FY14:	28%:72%
Outpatient Revenue in FY14:	$47,388,310
Change FY13-FY14:	8.8%
Total Revenue in FY14:	$83,784,000
Total Surplus (Loss) in FY14:	$1,777,000

Payer Mix

Public Payer Mix:	69.4% (DSH* Hospital)
CY14 Commercial Payer Price Level:	60th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Tufts Associated Health Maintenance Org.

Utilization

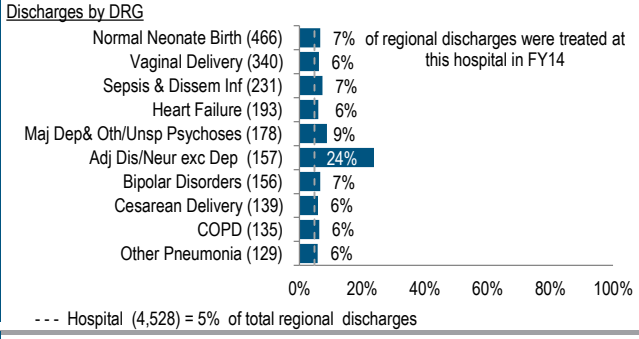
Inpatient Discharges in FY14:	4,528
Change FY13-FY14:	4.6%
Emergency Department Visits in FY14:	25,993
Change FY13-FY14:	-4.0%
Outpatient Visits in FY14:	46,447
Change FY13-FY14:	0.9%

Quality

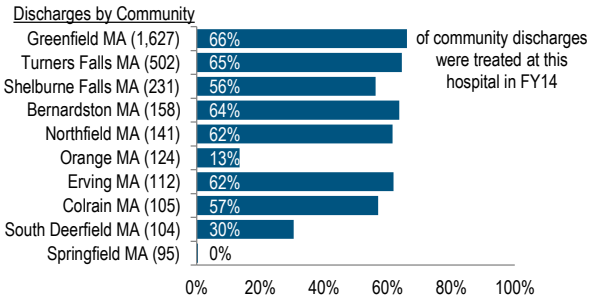
Readmission Rate in FY13:	14.9%
Change FY11-FY13 (percentage points):	0.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

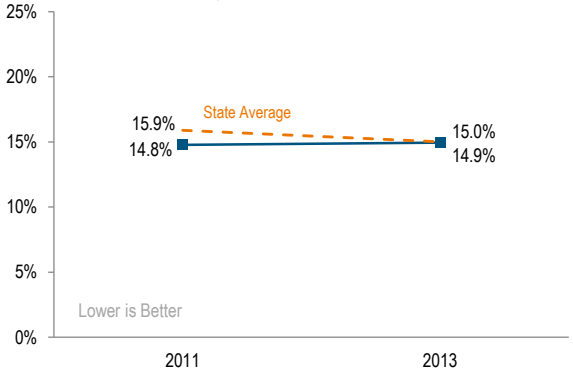


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



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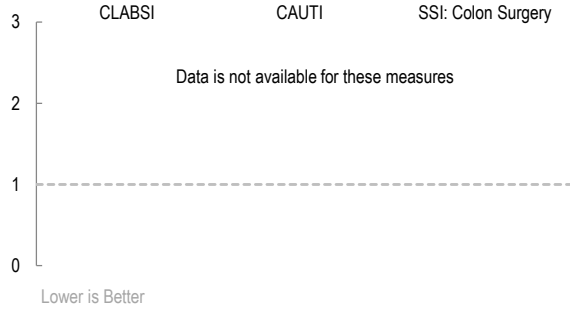


For descriptions of the metrics, please see the technical appendix.

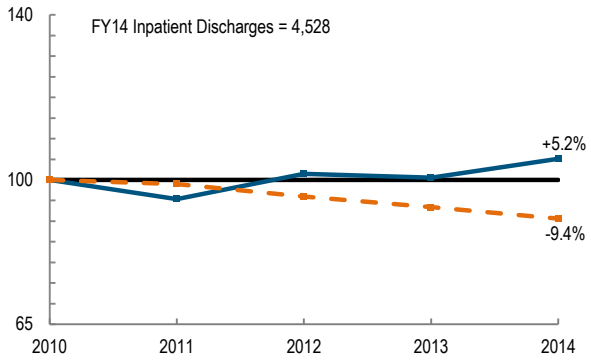
2014 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

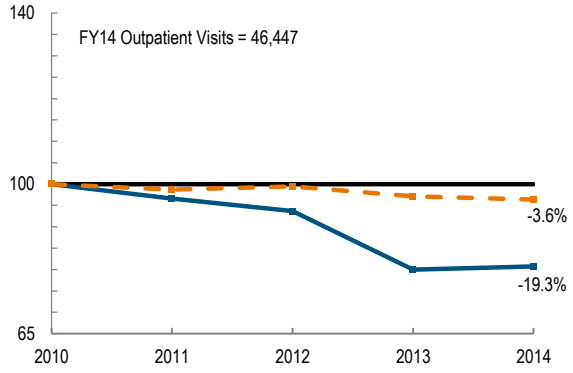
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

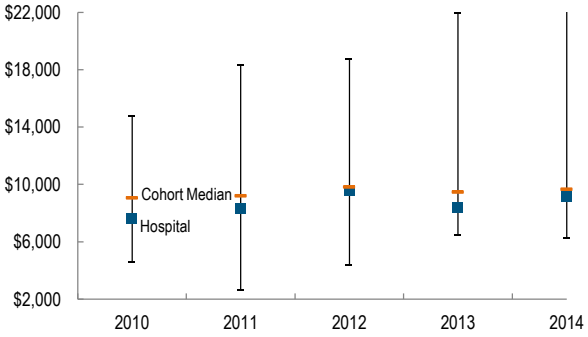


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

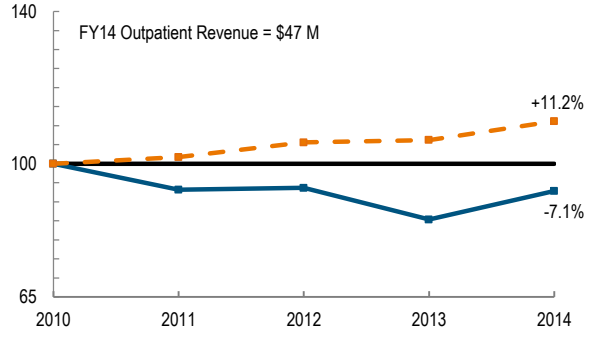


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



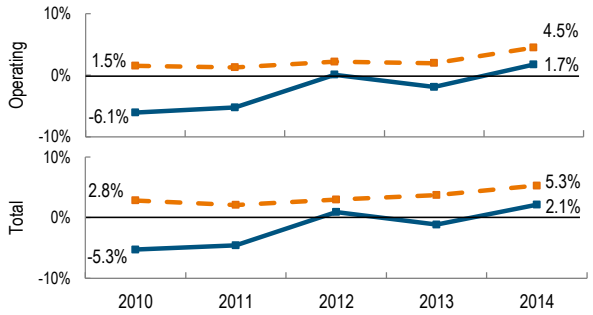
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 77	$ 76	$ 82	$ 78	$ 83
Non-Operating Revenue	$ 1	$ 1	$ 1	$ 1	$ 0
Total Revenue	$ 77	$ 77	$ 82	$ 78	$ 84
Total Costs	$ 81	$ 80	$ 81	$ 79	$ 82
Total Profit (Loss)	$ (4.1)	$ (3.5)	$ 0.8	$ (0.9)	$ 1.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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BAYSTATE NOBLE HOSPITAL (Noble Hospital)

2014 Hospital Profile

Westfield, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Baystate Noble Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. While there was a 6.5% decrease in outpatient visits at Baystate Noble Hospital from FY10 to FY14, compared to a median decrease of 3.6% among peer cohort hospitals, outpatient revenue rose 43.0% from FY10 to FY14. The hospital earned a profit in FY12, FY13, and FY14, with a total margin of 2.6% in FY14, lower than the median total margin of 5.3% among peer cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY10-FY14):	Baystate Health - 2015 (FY15)
Total Staffed Beds:	97, among the smaller acute hospitals
% Occupancy:	49.7%, < cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.91, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$8,719
Inpatient NPSR per CMAD:	$8,851
Change FY13-FY14:	-22.5%
Inpatient:Outpatient Revenue in FY14:	35%:65%
Outpatient Revenue in FY14:	$32,170,935
Change FY13-FY14:	41.4%
Total Revenue in FY14:	$57,390,675
Total Surplus (Loss) in FY14:	$1,505,412

Payer Mix

Public Payer Mix:	66.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	11th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Cigna Health and Life Ins. Co. (EAST)

Utilization

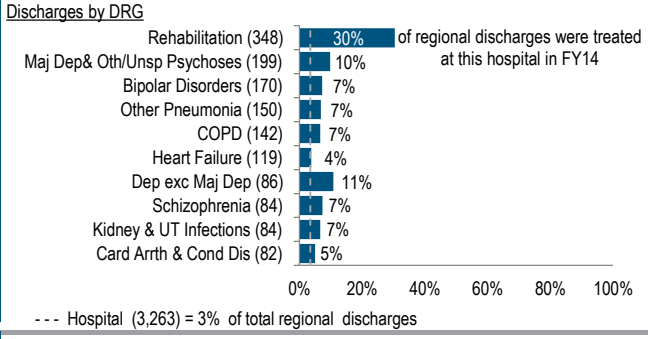
Inpatient Discharges in FY14:	3,263
Change FY13-FY14:	-2.4%
Emergency Department Visits in FY14:	25,824
Change FY13-FY14:	1.3%
Outpatient Visits in FY14:	41,024
Change FY13-FY14:	-10.4%

Quality

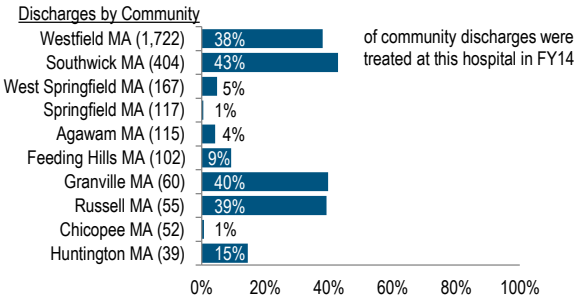
Readmission Rate in FY13:	14.4%
Change FY11-FY13 (percentage points):	1.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

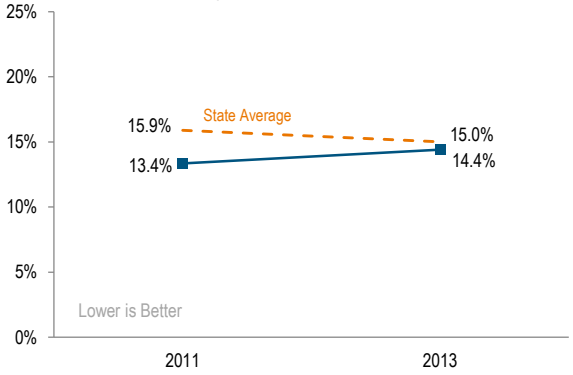


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

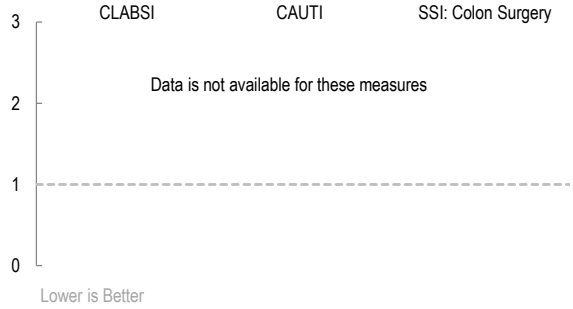


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

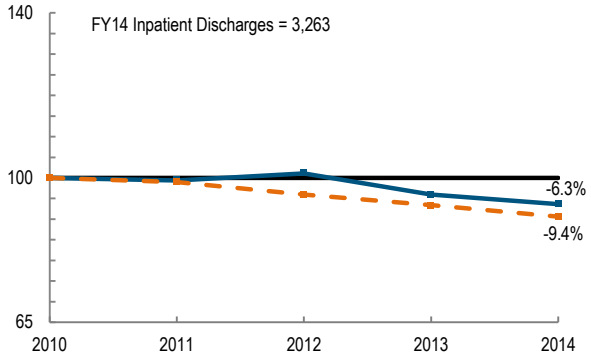
2014 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL (Noble Hospital)

Cohort: Community, Disproportionate Share Hospital

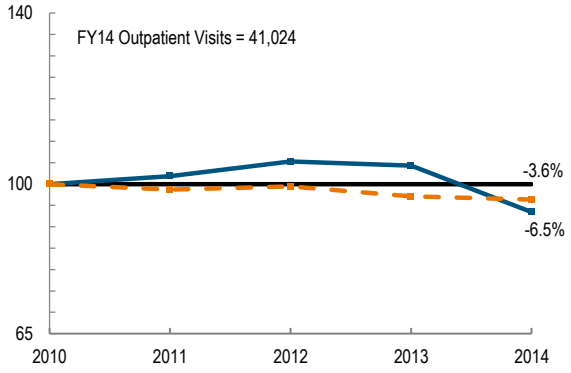
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

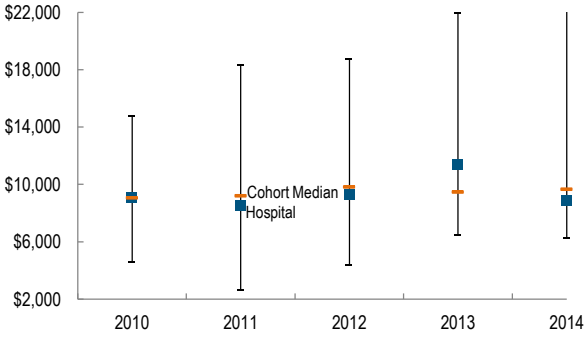


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

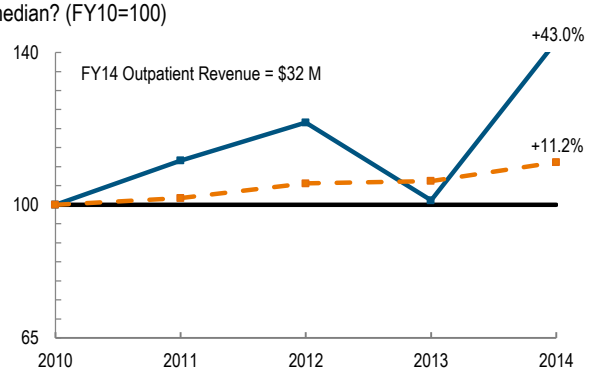


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



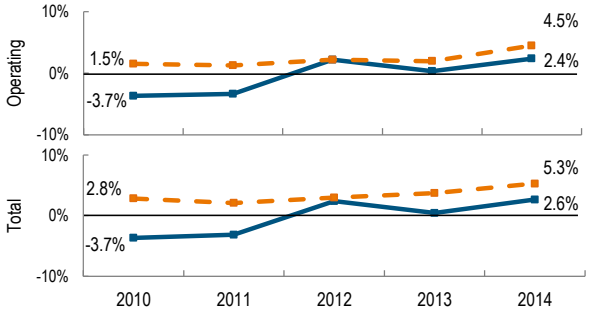
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 54	$ 53	$ 58	$ 55	$ 57
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 54	$ 53	$ 59	$ 55	$ 57
Total Costs	$ 56	$ 55	$ 57	$ 55	$ 56
Total Profit (Loss)	$ (2.0)	$ (1.7)	$ 1.4	$ 0.2	$ 1.5

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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BAYSTATE WING HOSPITAL (Wing Memorial Hospital)

2014 Hospital Profile

Palmer, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Baystate Wing Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. Baystate Wing Hospital joined Baystate Health effective September 1, 2014. For the preceding October 1, 2013 through August 30, 2014 of FY14, Wing Memorial Hospital was a member of UMass Memorial Health Care. Baystate Wing Hospital earned a profit each year from FY10 to FY14, with a 2.1% total margin in FY14, lower than the 5.3% median total margin of peer cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY10-FY14):	Baystate Health - 2013
Total Staffed Beds:	74, among the smaller acute hospitals
% Occupancy:	62.0%, < cohort avg. (66%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.83, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[‡] Cost per Discharge:	$8,567
Inpatient NPSR per CMAD:	$8,714
Change FY13-FY14:	14.0%
Inpatient:Outpatient Revenue in FY14:	27%:73%
Outpatient Revenue in FY14:	$56,803,252
Change FY13-FY14:	-3.6%
Total Revenue in FY14:	$88,136,000
Total Surplus (Loss) in FY14:	$1,881,000

Payer Mix

Public Payer Mix:	69.6% (DSH* Hospital)
CY14 Commercial Payer Price Level:	23rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Cigna Health and Life Ins. Co. (EAST)

Utilization

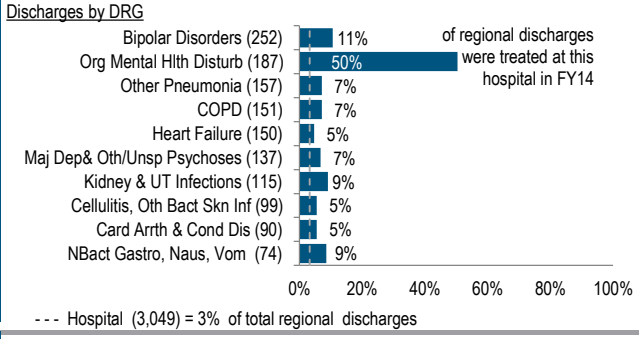
Inpatient Discharges in FY14:	3,049
Change FY13-FY14:	-2.7%
Emergency Department Visits in FY14:	22,940
Change FY13-FY14:	-6.1%
Outpatient Visits in FY14:	180,814
Change FY13-FY14:	-2.6%

Quality

Readmission Rate in FY13:	15.6%
Change FY11-FY13 (percentage points):	-1.9%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

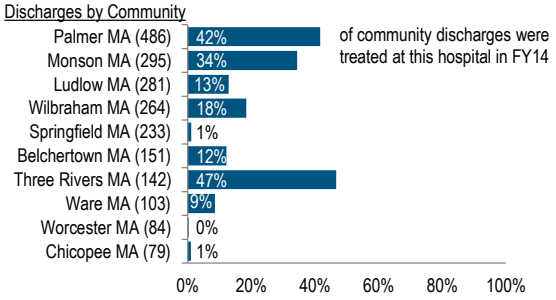
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



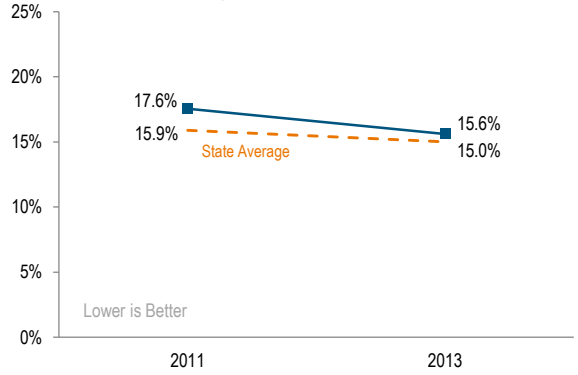
- - - Hospital (3,049) = 3% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

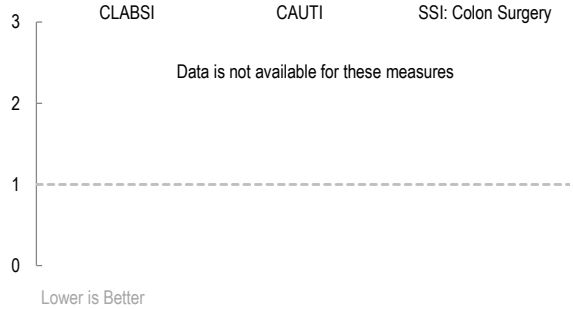


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

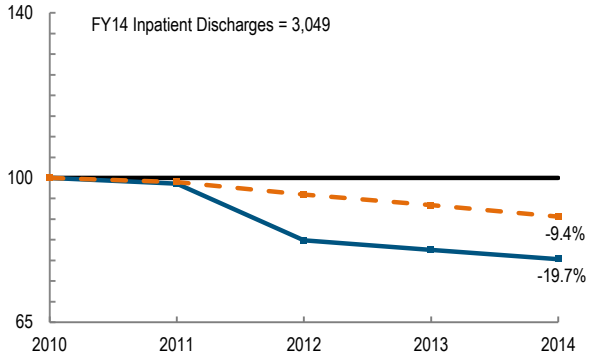
2014 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL (Wing Memorial Hospital)

Cohort: Community, Disproportionate Share Hospital

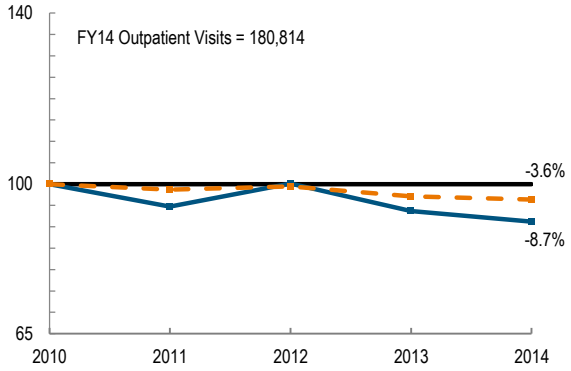
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

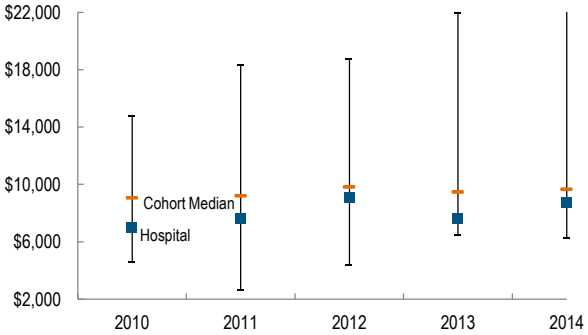


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

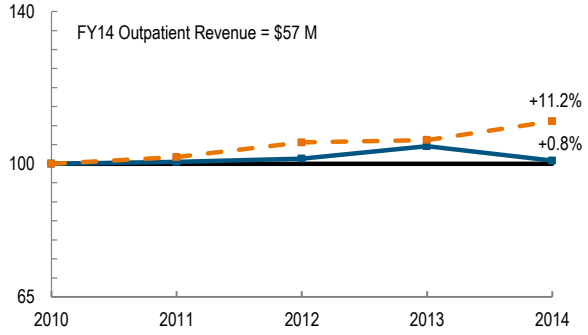


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



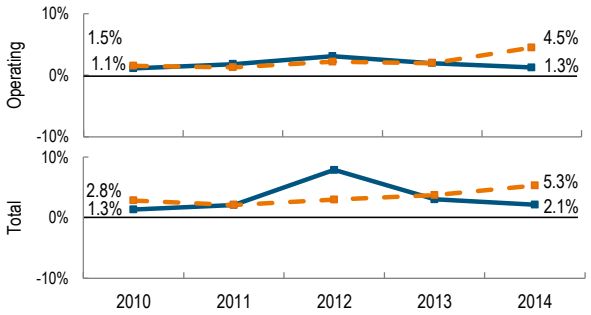
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 89	$ 91	$ 92	$ 92	$ 87
Non-Operating Revenue	$ 0	$ 0	$ 5	$ 1	$ 1
Total Revenue	$ 90	$ 92	$ 97	$ 93	$ 88
Total Costs	$ 88	$ 90	$ 89	$ 90	$ 86
Total Profit (Loss)	$ 1.2	$ 1.9	$ 7.6	$ 2.8	$ 1.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special public funding, please contact the Health Policy Commission

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

2014 Hospital Profile

Plymouth, MA
Community, Disproportionate Share Hospital
Metro South

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It was compared with community hospitals in FY13, as it did not qualify for DSH status that year. Between FY10 and FY14, inpatient discharges decreased 26.8% at the hospital, compared to a median decrease of 9.4% among cohort hospitals. BID-Plymouth earned a profit each year from FY10 to FY14, though its total margin in FY14 was 0.0%, compared with its cohort median total margin of 5.3%.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	CareGroup - 2014
Total Staffed Beds:	172, mid-size acute hospital
% Occupancy:	60.1%, < cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.94, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$10,088
Inpatient NPSR per CMAD:	$10,472
Change FY13-FY14:	-7.0%
Inpatient:Outpatient Revenue in FY14:	28%:72%
Outpatient Revenue in FY14:	$107,491,659
Change FY13-FY14:	4.8%
Total Revenue in FY14:	$191,557,356
Total Surplus (Loss) in FY14:	$63,443

Payer Mix

Public Payer Mix:	63.1% (DSH* Hospital)
CY14 Commercial Payer Price Level:	42nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

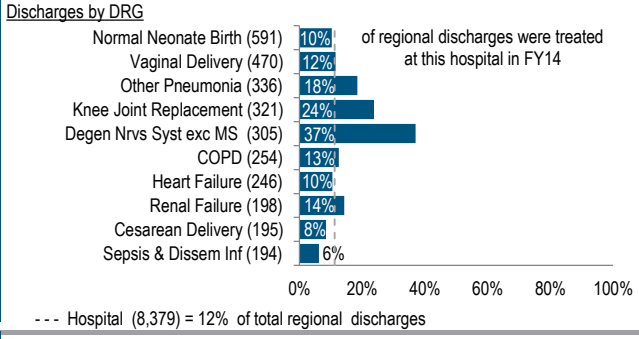
Inpatient Discharges in FY14:	8,379
Change FY13-FY14:	-2.9%
Emergency Department Visits in FY14:	48,097
Change FY13-FY14:	-4.9%
Outpatient Visits in FY14:	112,448
Change FY13-FY14:	-0.3%

Quality

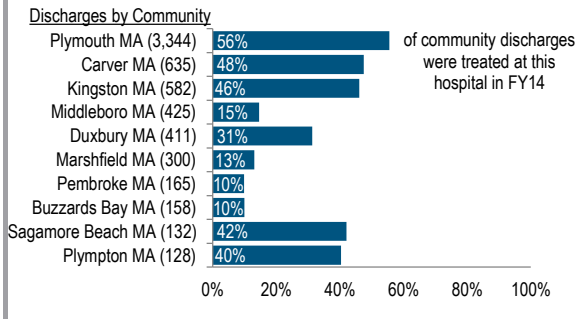
Readmission Rate in FY13:	13.2%
Change FY11-FY13 (percentage points):	-2.8%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

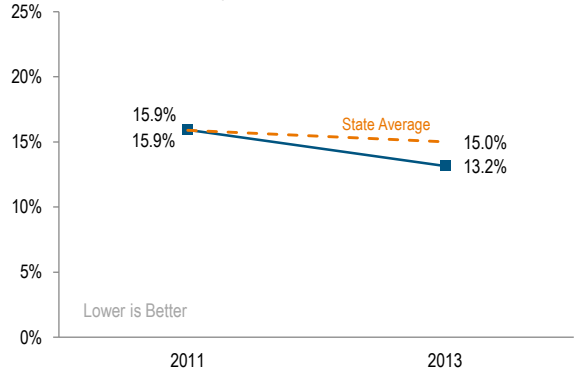


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

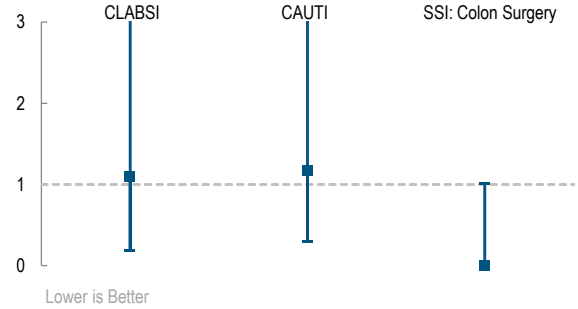


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

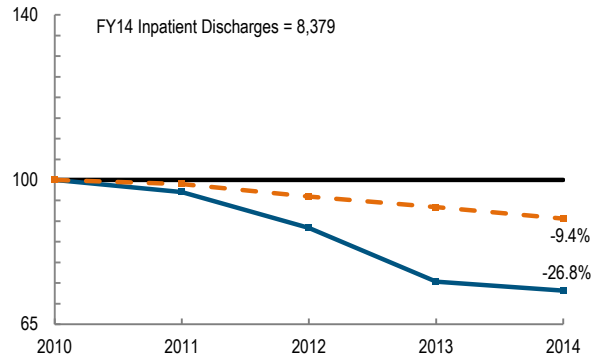
2014 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

Cohort: Community, Disproportionate Share Hospital

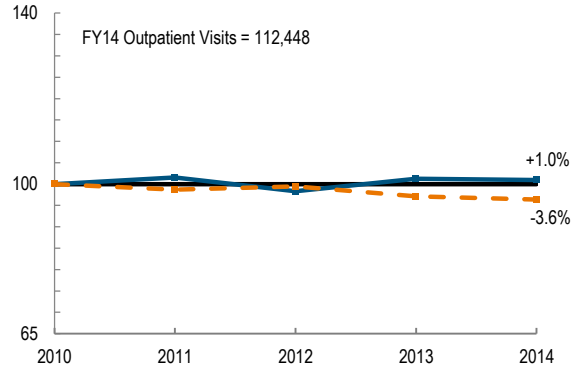
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

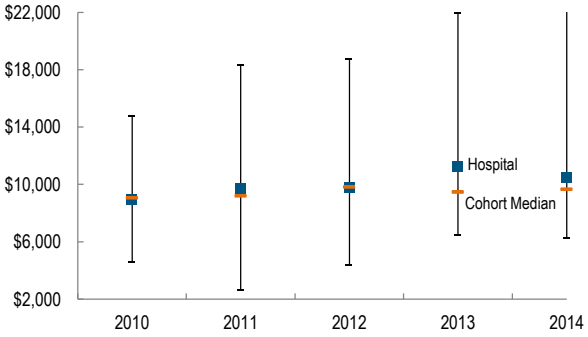


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

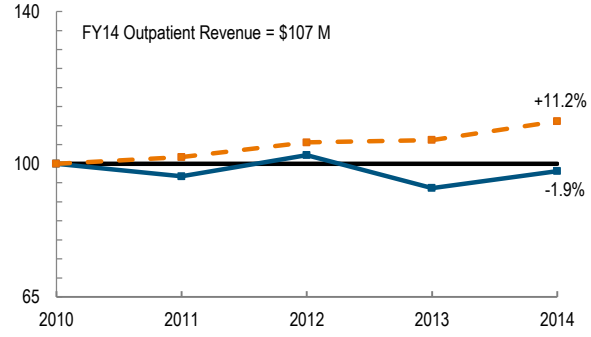


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



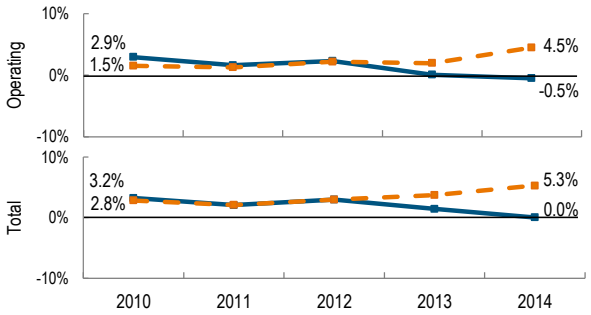
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 197	$ 200	$ 205	$ 196	$ 191
Non-Operating Revenue	$ 1	$ 1	$ 1	$ 3	$ 1
Total Revenue	$ 197	$ 201	$ 206	$ 199	$ 192
Total Costs	$ 191	$ 197	$ 200	$ 196	$ 191
Total Profit (Loss)	$ 6.3	$ 4.1	$ 6.1	$ 2.8	$ 0.1

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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CAPE COD HOSPITAL

2014 Hospital Profile

Hyannis, MA
Community, Disproportionate Share Hospital
Cape and Islands

Cape Cod Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of the Cape Cod Healthcare system. Cape Cod Hospital treated 66% of all discharges and 100% of Major Depression/Unspecified Psychoses cases in the region. Inpatient discharges at Cape Cod Hospital decreased 5.9% from FY10 to FY14, compared with a median decrease of 9.4% among cohort hospitals. Cape Cod Hospital earned a profit each year from FY10 to FY14, with a total margin of 6.5% in FY14, compared to a median total margin of 5.3% in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	269, among the larger acute hospitals
% Occupancy:	67.6%, > cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.04, > cohort avg. (0.85); > statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,322
Inpatient NPSR per CMAD:	$11,990
Change FY13-FY14:	18.2%
Inpatient:Outpatient Revenue in FY14:	33%:67%
Outpatient Revenue in FY14:	$243,599,492
Change FY13-FY14:	-1.0%
Total Revenue in FY14:	$453,688,465
Total Surplus (Loss) in FY14:	$29,481,049

Payer Mix

Public Payer Mix:	68.3% (DSH* Hospital)
CY14 Commercial Payer Price Level:	78th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

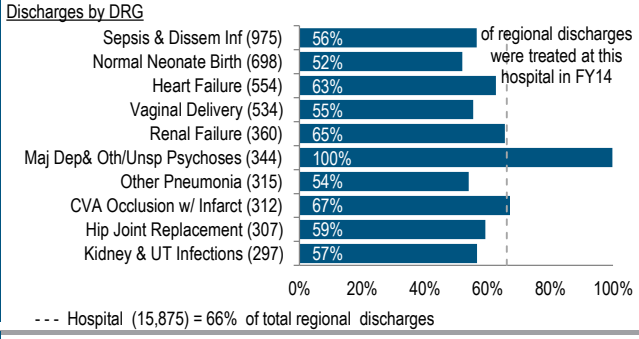
Inpatient Discharges in FY14:	15,875
Change FY13-FY14:	-2.5%
Emergency Department Visits in FY14:	82,678
Change FY13-FY14:	-4.3%
Outpatient Visits in FY14:	141,627
Change FY13-FY14:	-4.6%

Quality

Readmission Rate in FY13:	12.0%
Change FY11-FY13 (percentage points):	-1.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

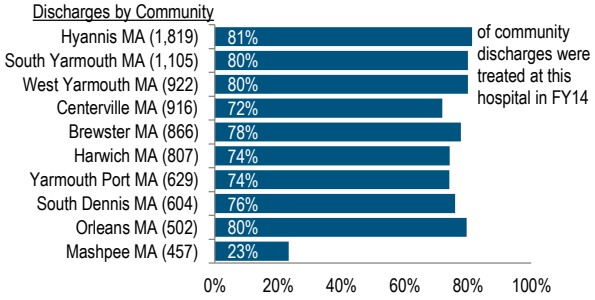
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



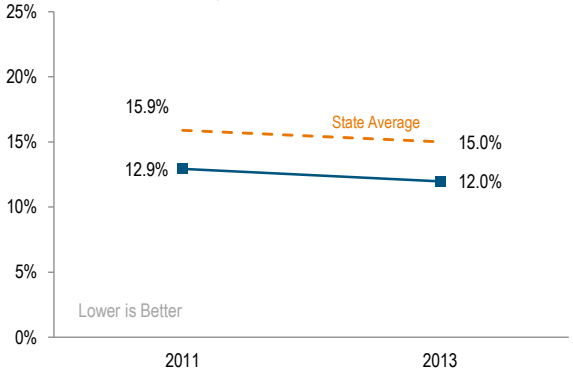
- - - Hospital (15,875) = 66% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

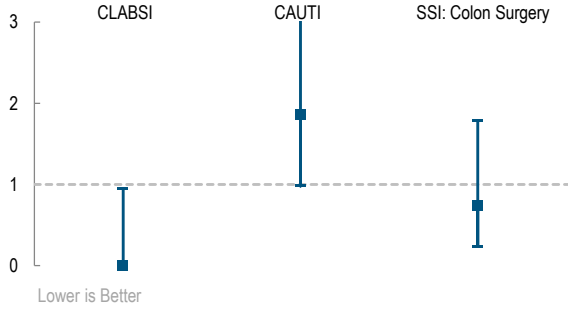


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

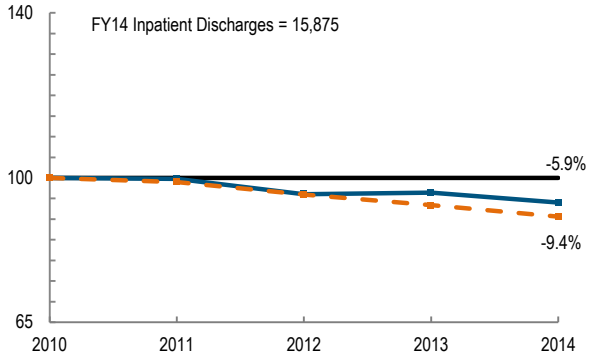
2014 HOSPITAL PROFILE: CAPE COD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

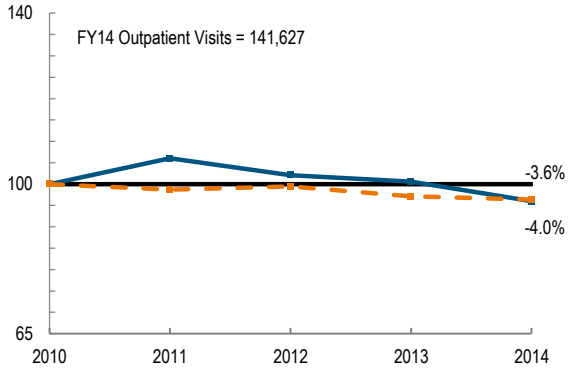
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

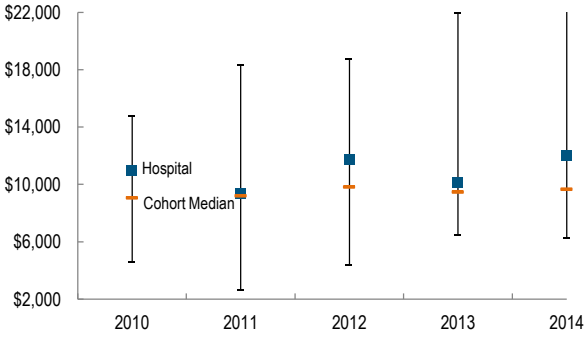


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

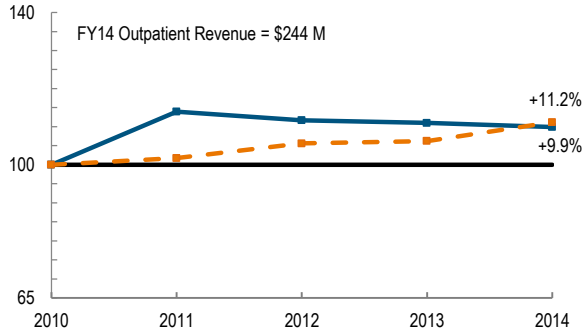


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



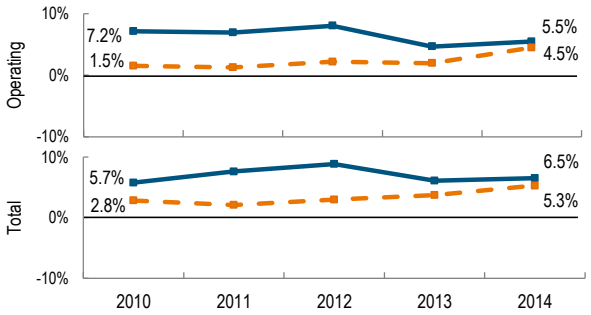
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 404	$ 412	$ 444	$ 416	$ 449
Non-Operating Revenue	$ (6)	$ 3	$ 4	$ 6	$ 5
Total Revenue	$ 399	$ 414	$ 447	$ 422	$ 454
Total Costs	$ 376	$ 383	$ 408	$ 397	$ 424
Total Profit (Loss)	$ 22.9	$ 31.5	$ 39.5	$ 25.7	$ 29.5

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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CLINTON HOSPITAL

2014 Hospital Profile

Clinton, MA
Community, Disproportionate Share Hospital
Central Massachusetts

Clinton Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is among the smallest acute hospitals in Massachusetts and is a member of the UMass Memorial Health Care system. Though it was only responsible for 1% of total regional discharges, it treated 38% of Organic Mental Health Disturbances cases and 36% of the Degenerative Nervous System excluding MS cases in FY14. Between FY10 and FY14, inpatient discharges decreased 26.6%, while there was a 9.4% median decrease in its peer cohort. Clinton Hospital had a positive total margin of 0.6% in FY14, recovering from a loss in FY13.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	41, among the smallest acute hospitals
% Occupancy:	61.3%, < cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,786
Inpatient NPSR per CMAD:	$9,055
Change FY13-FY14:	23.1%
Inpatient:Outpatient Revenue in FY14:	30%:70%
Outpatient Revenue in FY14:	$14,443,876
Change FY13-FY14:	-0.1%
Total Revenue in FY14:	$26,915,000
Total Surplus (Loss) in FY14:	$163,000

Payer Mix

Public Payer Mix:	69.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	42nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Fallon Health and Life Assurance Company

Utilization

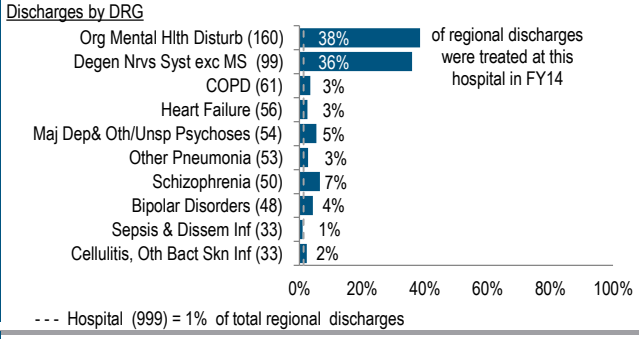
Inpatient Discharges in FY14:	999
Change FY13-FY14:	-10.6%
Emergency Department Visits in FY14:	12,830
Change FY13-FY14:	-3.1%
Outpatient Visits in FY14:	16,891
Change FY13-FY14:	-5.8%

Quality

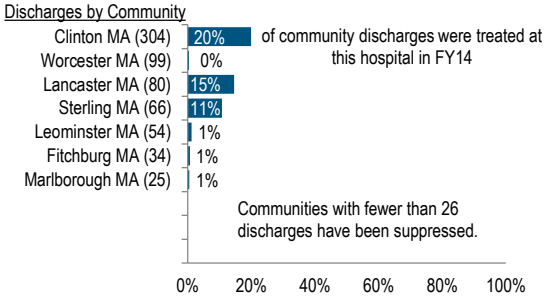
Readmission Rate in FY13:	18.6%
Change FY11-FY13 (percentage points):	-0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

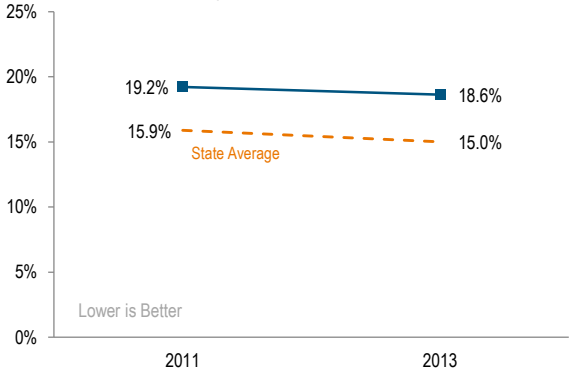


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

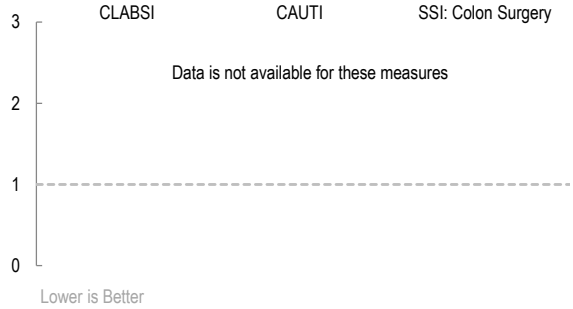


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

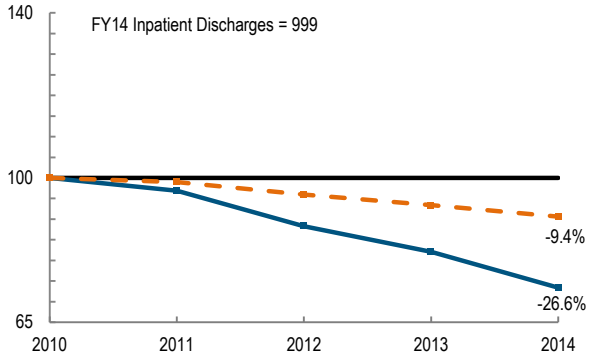
2014 HOSPITAL PROFILE: CLINTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

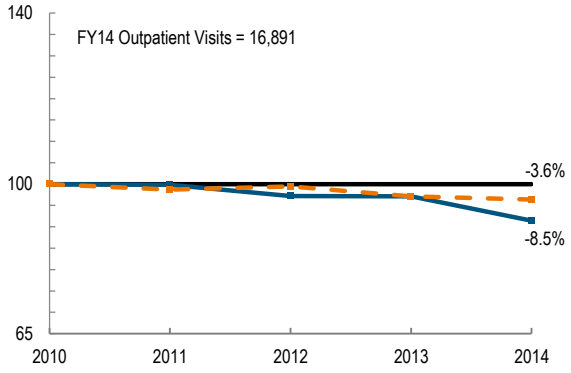
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

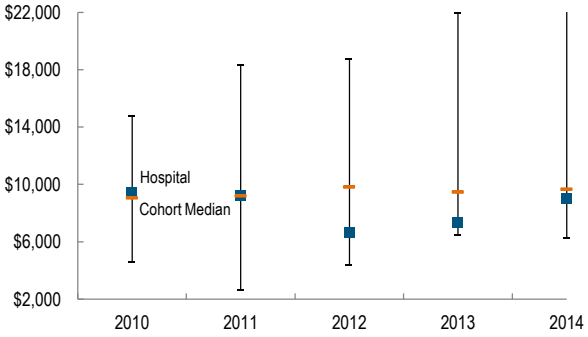


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

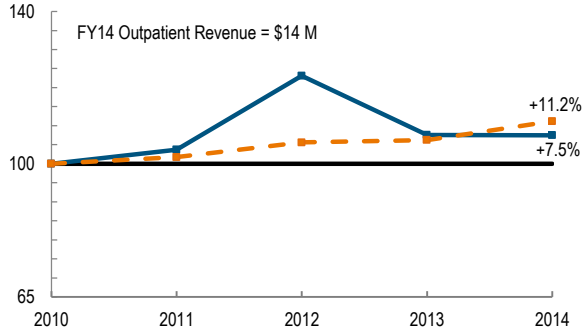


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



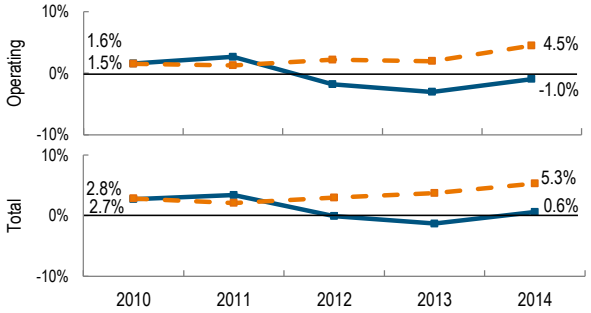
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 26	$ 26	$ 25	$ 24	$ 26
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 26	$ 26	$ 26	$ 24	$ 27
Total Costs	$ 25	$ 25	$ 26	$ 24	$ 27
Total Profit (Loss)	$ 0.7	$ 0.9	$ (0.0)	$ (0.3)	$ 0.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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FAIRVIEW HOSPITAL

2014 Hospital Profile

Great Barrington, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Fairview Hospital is a small, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Between FY10 and FY14, its outpatient visits increased 60.2%, compared with a 3.6% decline for the median peer cohort hospital. It earned a profit each year from FY10 to FY14, with a total margin of 8.2% in FY14, compared with a median total margin of 5.3% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Berkshire Health Systems
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	28, among the smallest acute hospitals
% Occupancy:	33.5%, lowest in cohort (avg. 66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.60, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$25,880
Inpatient NPSR per CMAD:	$23,805
Change FY13-FY14:	31.2%
Inpatient:Outpatient Revenue in FY14:	17%:83%
Outpatient Revenue in FY14:	$32,708,209
Change FY13-FY14:	5.1%
Total Revenue in FY14:	$48,079,695
Total Surplus (Loss) in FY14:	$3,920,208

Payer Mix

Public Payer Mix:	66.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	73rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Aetna Health Inc. (PA)

Utilization

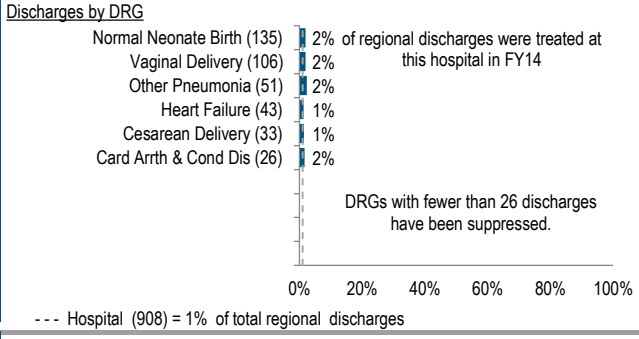
Inpatient Discharges in FY14:	908
Change FY13-FY14:	-22.1%
Emergency Department Visits in FY14:	12,022
Change FY13-FY14:	-5.1%
Outpatient Visits in FY14:	24,547
Change FY13-FY14:	0.1%

Quality

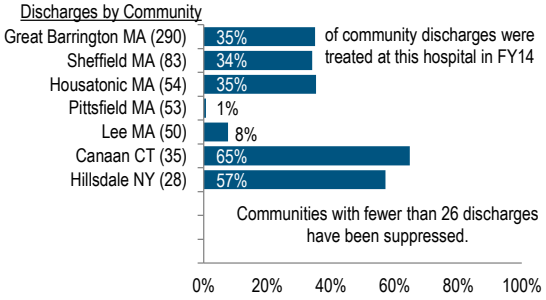
Readmission Rate in FY13:	18.0%
Change FY11-FY13 (percentage points):	3.2%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

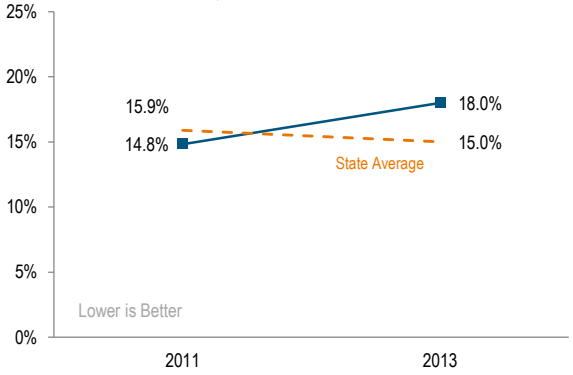


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

For descriptions of the metrics, please see the technical appendix.

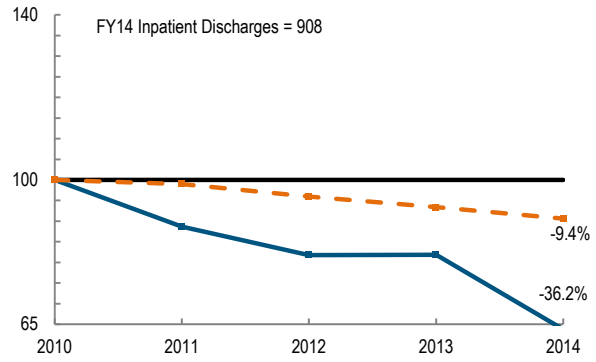
2014 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

Cohort: Community, Disproportionate Share Hospital

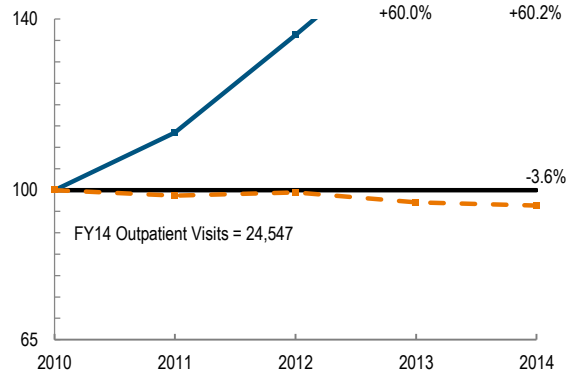
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

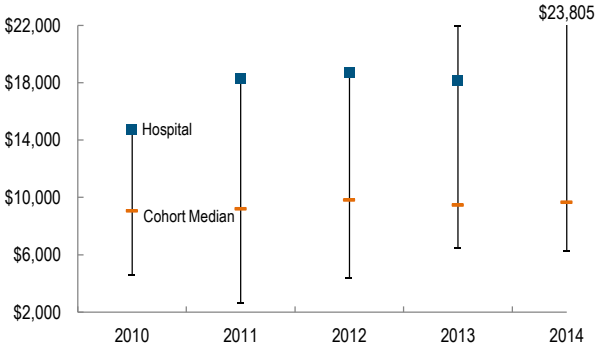


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

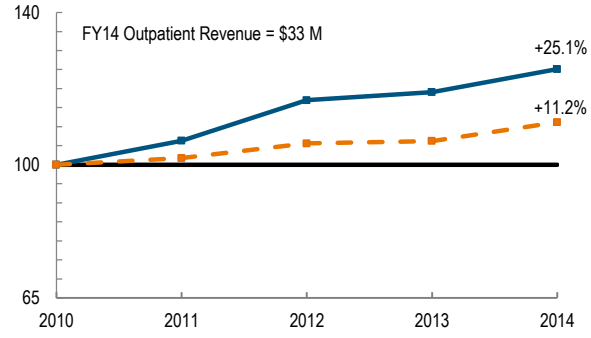


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



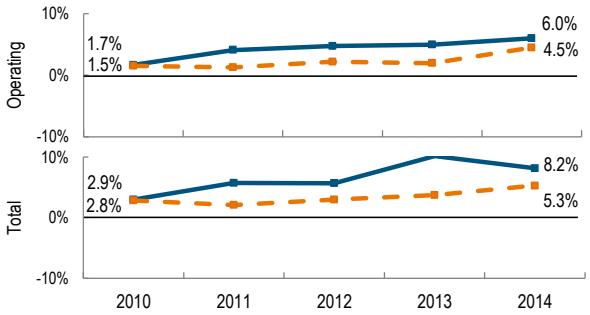
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 40	$ 43	$ 46	$ 45	$ 47
Non-Operating Revenue	$ 1	$ 1	$ 0	$ 2	$ 1
Total Revenue	$ 40	$ 43	$ 46	$ 48	$ 48
Total Costs	$ 39	$ 41	$ 43	$ 43	$ 44
Total Profit (Loss)	$ 1.2	$ 2.5	$ 2.6	$ 4.8	$ 3.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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FALMOUTH HOSPITAL

2014 Hospital Profile

Falmouth, MA
Community, Disproportionate Share Hospital
Cape and Islands

Falmouth Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is a member of the Cape Cod Healthcare system. Between FY10 and FY14, its inpatient discharges decreased 5.7%, compared with a median decrease of 9.4% among cohort hospitals. Outpatient visits increased 3.8% in that same period, while there was a median decrease of 3.6% in its cohort. Falmouth Hospital earned a profit each year from FY10 to FY14, and earned a 9.1% total margin in FY14, compared to a cohort median total margin of 5.3%.

At a Glance

Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	103, mid-size acute hospital
% Occupancy:	67.1%, > cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.99, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,930
Inpatient NPSR per CMAD:	$10,441
Change FY13-FY14:	15.1%
Inpatient:Outpatient Revenue in FY14:	30%:70%
Outpatient Revenue in FY14:	$85,472,311
Change FY13-FY14:	-2.3%
Total Revenue in FY14:	$158,573,734
Total Surplus (Loss) in FY14:	$14,405,976

Payer Mix

Public Payer Mix:	69.1% (DSH* Hospital)
CY14 Commercial Payer Price Level:	75th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

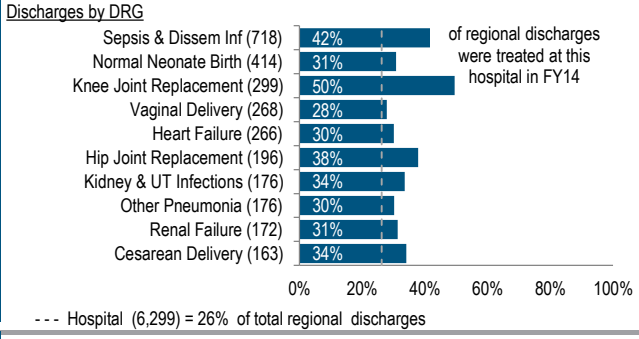
Inpatient Discharges in FY14:	6,299
Change FY13-FY14:	-3.7%
Emergency Department Visits in FY14:	35,457
Change FY13-FY14:	-3.5%
Outpatient Visits in FY14:	47,944
Change FY13-FY14:	0.3%

Quality

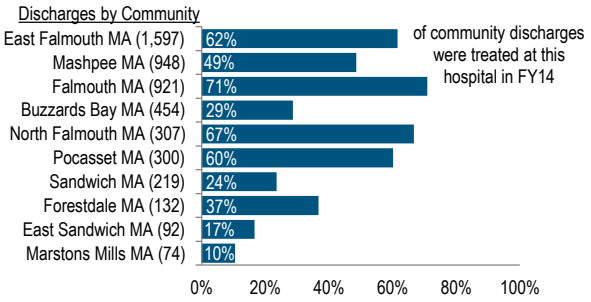
Readmission Rate in FY13:	13.6%
Change FY11-FY13 (percentage points):	-2.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

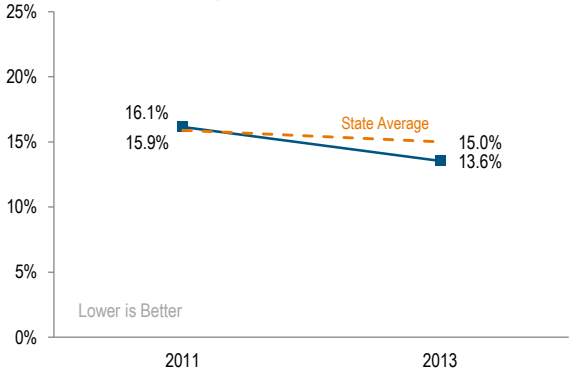


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

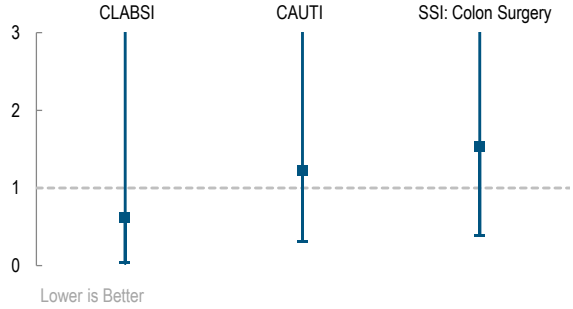


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

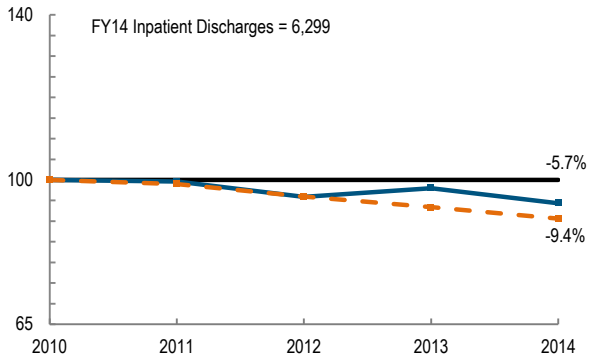
2014 HOSPITAL PROFILE: FALMOUTH HOSPITAL

Cohort: Community, Disproportionate Share Hospital

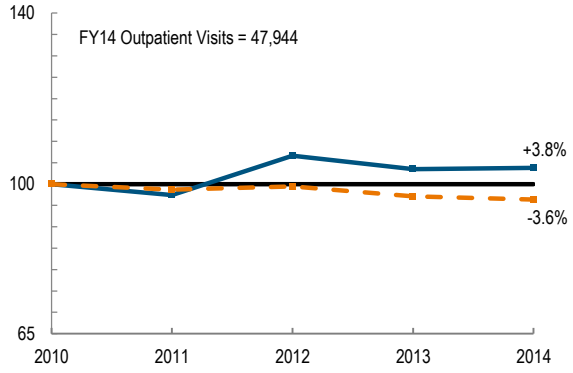
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

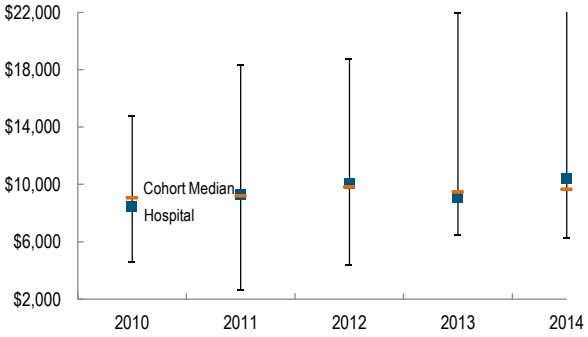


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

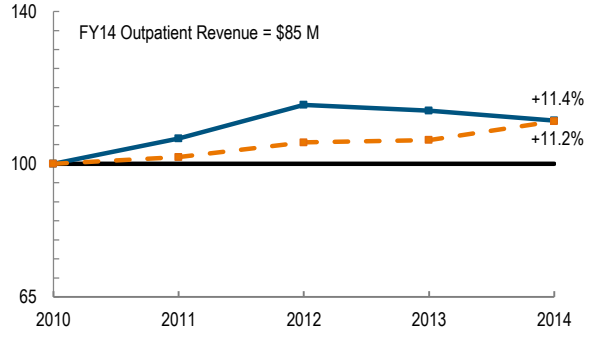


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



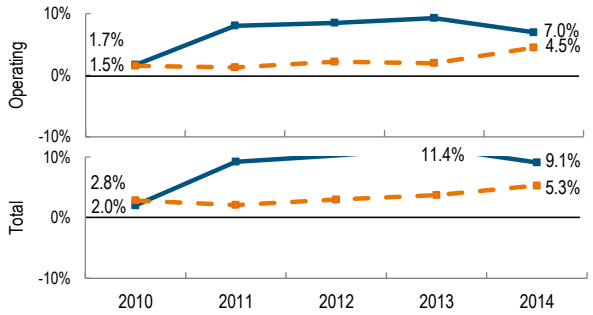
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 134	$ 147	$ 156	$ 150	$ 155
Non-Operating Revenue	$ 0	$ 2	$ 3	$ 3	$ 3
Total Revenue	$ 134	$ 149	$ 159	$ 154	$ 159
Total Costs	$ 131	$ 135	$ 143	$ 136	$ 144
Total Profit (Loss)	$ 2.7	$ 13.7	$ 16.2	$ 17.6	$ 14.4

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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HARRINGTON MEMORIAL HOSPITAL

2014 Hospital Profile

Southbridge, MA
Community, Disproportionate Share Hospital
Central Massachusetts

Harrington Memorial Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. Outpatient visits at Harrington increased 20.2% between FY10 and FY14. The hospital earned a profit each year during the FY10 to FY14 period except in FY12. Its total margin in FY14 was 2.8%, lower than the median of peer cohort hospitals of 5.3%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	126, mid-size acute hospital
% Occupancy:	36.8%, < cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.77, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$9,928
Inpatient NPSR per CMAD:	$6,902
Change FY13-FY14:	-1.7%
Inpatient:Outpatient Revenue in FY14:	19%:81%
Outpatient Revenue in FY14:	$78,427,709
Change FY13-FY14:	4.5%
Total Revenue in FY14:	$116,905,517
Total Surplus (Loss) in FY14:	$3,303,456

Payer Mix

Public Payer Mix:	66.1% (DSH* Hospital)
CY14 Commercial Payer Price Level:	44th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Fallon Health and Life Assurance Company
	Harvard Pilgrim Health Care

Utilization

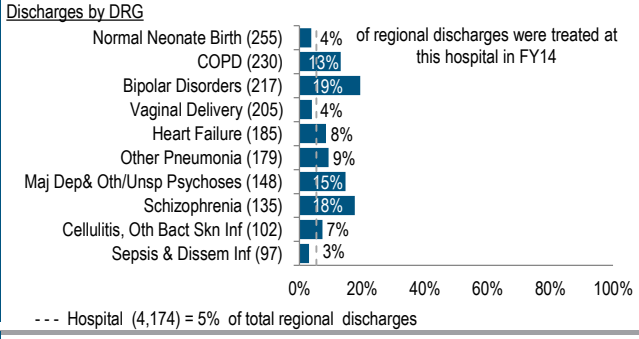
Inpatient Discharges in FY14:	4,174
Change FY13-FY14:	-5.0%
Emergency Department Visits in FY14:	40,981
Change FY13-FY14:	6.1%
Outpatient Visits in FY14:	75,084
Change FY13-FY14:	10.7%

Quality

Readmission Rate in FY13:	12.6%
Change FY11-FY13 (percentage points):	-2.9%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

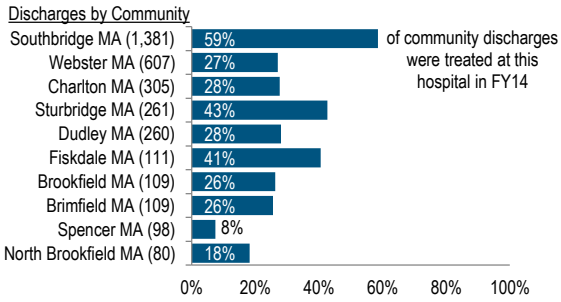
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



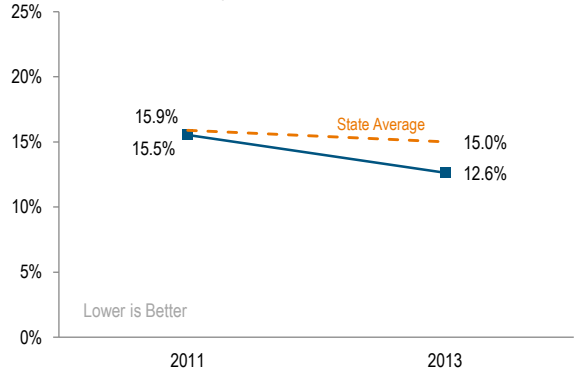
- - - Hospital (4,174) = 5% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

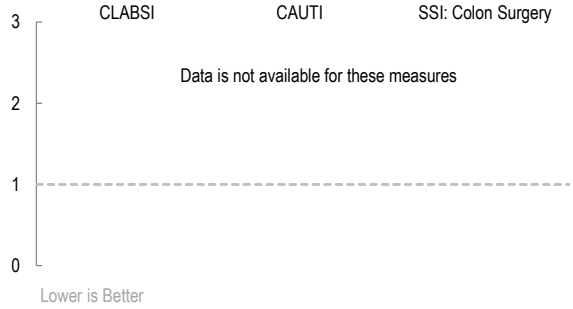


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

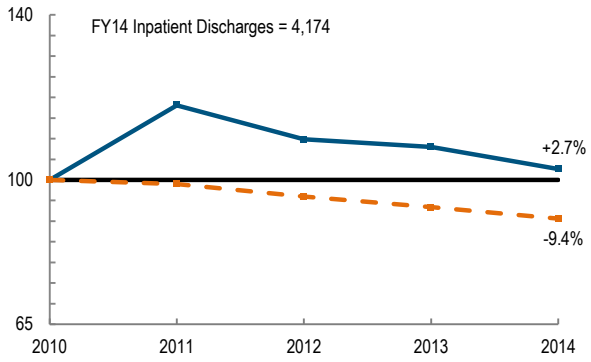
2014 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

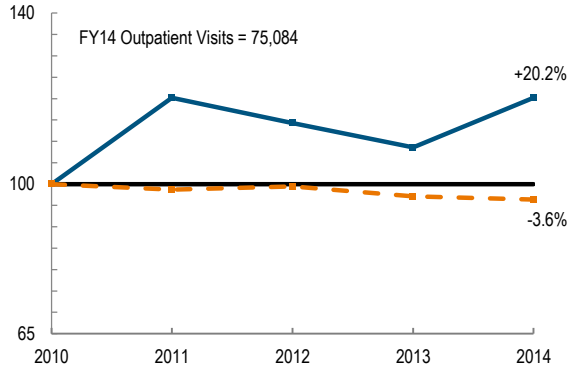
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

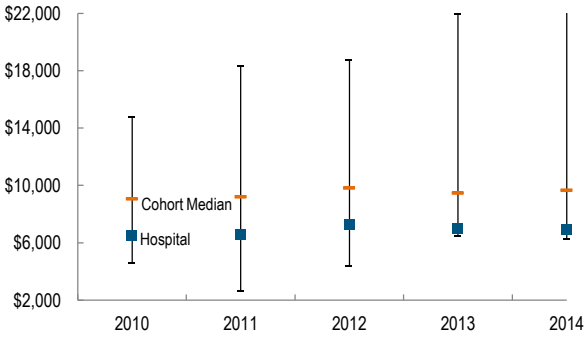


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

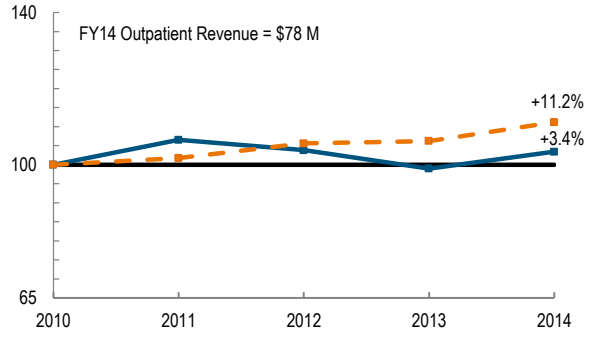


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



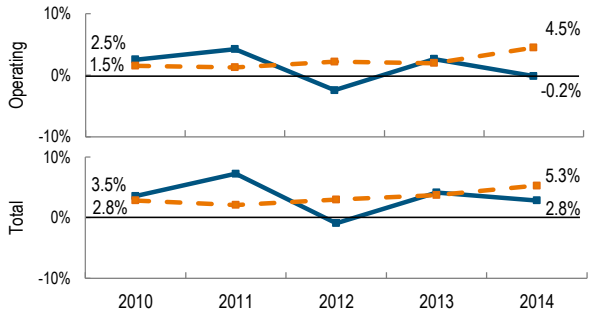
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 105	$ 115	$ 115	$ 110	$ 113
Non-Operating Revenue	$ 1	$ 4	$ 2	$ 2	$ 3
Total Revenue	$ 106	$ 118	$ 117	$ 112	$ 117
Total Costs	$ 102	$ 110	$ 118	$ 107	$ 114
Total Profit (Loss)	$ 3.7	$ 8.5	$ (1.1)	$ 4.6	$ 3.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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HEALTHALLIANCE HOSPITAL

2014 Hospital Profile

Leominster, MA & Fitchburg, MA
Community, Disproportionate Share Hospital
Central Massachusetts

HealthAlliance Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is among the smaller acute hospitals in Massachusetts and is a member of the UMass Memorial Health Care system. From FY10 to FY14, inpatient discharges decreased 17.8% at HealthAlliance, while there was a median decrease of 9.4% in its peer cohort. During that same period, outpatient visits at the hospital increased 3.6% compared with a median decrease of 3.6% in its peer cohort. HealthAlliance earned a profit each year in the five-year period, with a 2.4% total margin in FY14, compared with a 5.3% cohort median.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	83, among the smaller acute hospitals
% Occupancy:	93.0%, > cohort avg. (66%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[‡] Cost per Discharge:	$9,327
Inpatient NPSR per CMAD:	$7,830
Change FY13-FY14:	0.8%
Inpatient:Outpatient Revenue in FY14:	30%:70%
Outpatient Revenue in FY14:	$95,934,941
Change FY13-FY14:	9.7%
Total Revenue in FY14:	$163,507,290
Total Surplus (Loss) in FY14:	$3,910,395

Payer Mix

Public Payer Mix:	67.9% (DSH* Hospital)
CY14 Commercial Payer Price Level:	39th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

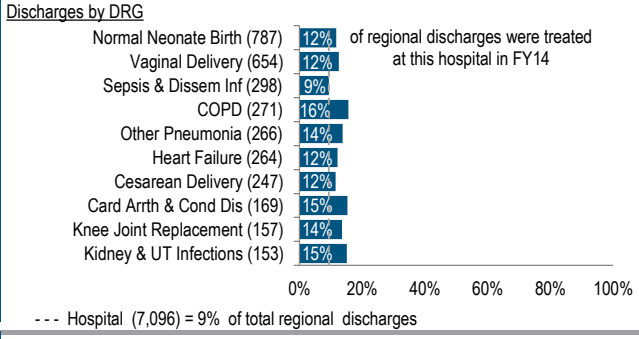
Inpatient Discharges in FY14:	7,096
Change FY13-FY14:	-6.2%
Emergency Department Visits in FY14:	60,752
Change FY13-FY14:	-1.0%
Outpatient Visits in FY14:	105,503
Change FY13-FY14:	1.3%

Quality

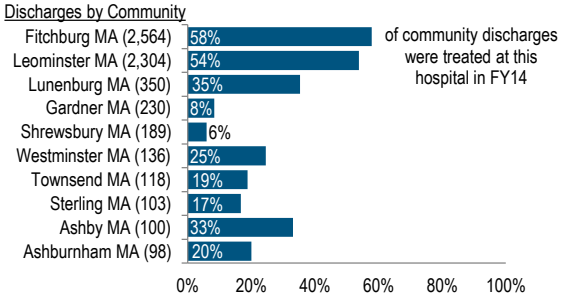
Readmission Rate in FY13:	16.4%
Change FY11-FY13 (percentage points):	1.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

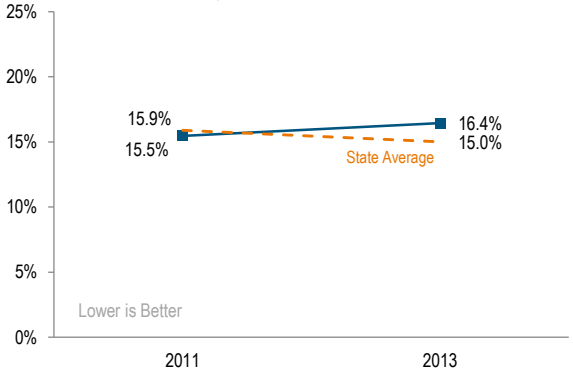


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

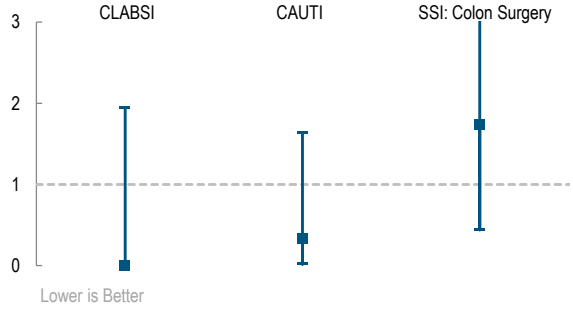


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

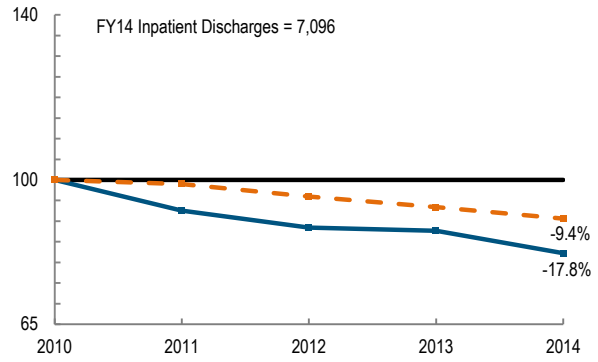
2014 HOSPITAL PROFILE: HEALTHALLIANCE HOSPITAL

Cohort: Community, Disproportionate Share Hospital

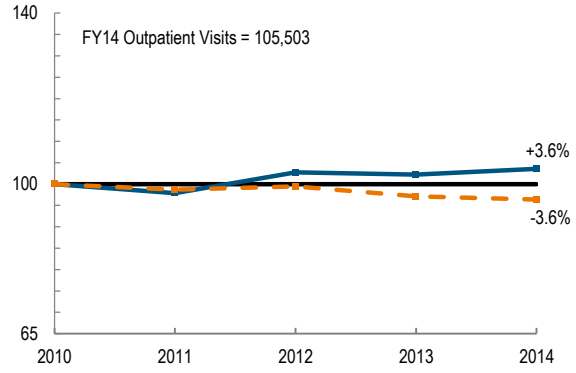
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

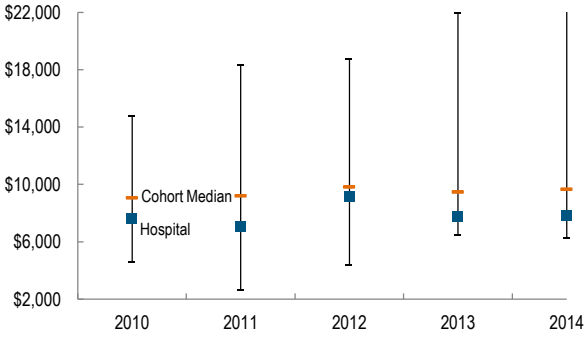


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

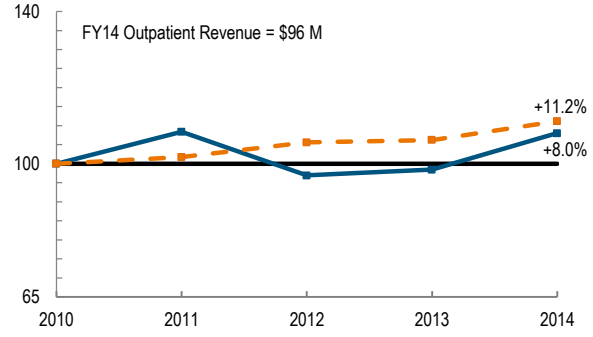


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



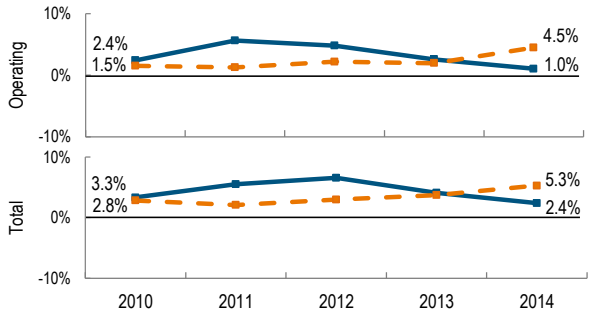
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 166	$ 168	$ 165	$ 159	$ 161
Non-Operating Revenue	$ 2	$ (0)	$ 3	$ 2	$ 2
Total Revenue	$ 168	$ 168	$ 168	$ 162	$ 164
Total Costs	$ 162	$ 159	$ 157	$ 155	$ 160
Total Profit (Loss)	$ 5.6	$ 9.2	$ 11.0	$ 6.6	$ 3.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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HEYWOOD HOSPITAL

2014 Hospital Profile

Gardner, MA
Community, Disproportionate Share Hospital
Central Massachusetts

Heywood Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is a member of the Heywood Healthcare system. Though only responsible for 6% of total inpatient cases in the region, it treated 41% of all Organic Mental Health Disturbances and 23% of all Schizophrenia cases in Central Massachusetts. The hospital's outpatient visit, outpatient revenue, and total margin trends were similar to the medians of its cohort. Heywood Hospital earned a profit each year in the five-year period, except in FY11. Its total margin in FY14 was 4.1%, compared to the median of 5.3% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY10-FY14):	Heywood Healthcare - 2012
Total Staffed Beds:	106, mid-size acute hospital
% Occupancy:	63.3%, < cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.81, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$7,786
Inpatient NPSR per CMAD:	$7,984
Change FY13-FY14:	0.2%
Inpatient:Outpatient Revenue in FY14:	24%:76%
Outpatient Revenue in FY14:	$62,764,335
Change FY13-FY14:	-4.4%
Total Revenue in FY14:	$104,062,628
Total Surplus (Loss) in FY14:	$4,260,356

Payer Mix

Public Payer Mix:	64.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	12th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

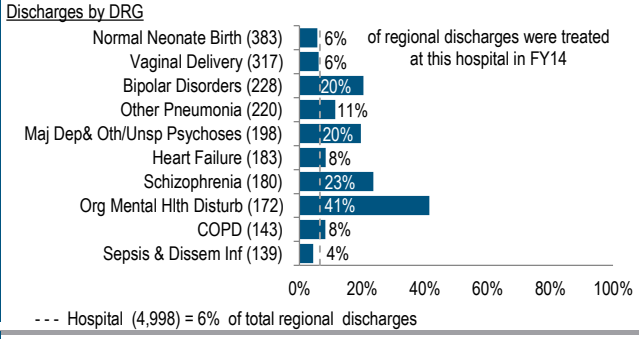
Inpatient Discharges in FY14:	4,998
Change FY13-FY14:	-11.8%
Emergency Department Visits in FY14:	25,636
Change FY13-FY14:	-0.7%
Outpatient Visits in FY14:	76,261
Change FY13-FY14:	-0.5%

Quality

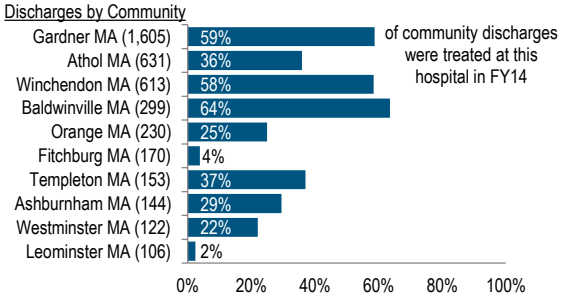
Readmission Rate in FY13:	16.8%
Change FY11-FY13 (percentage points):	0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

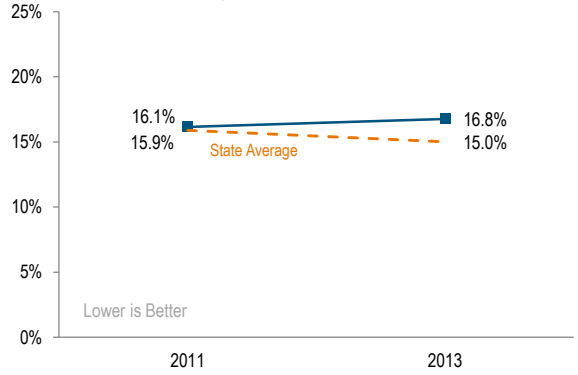


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

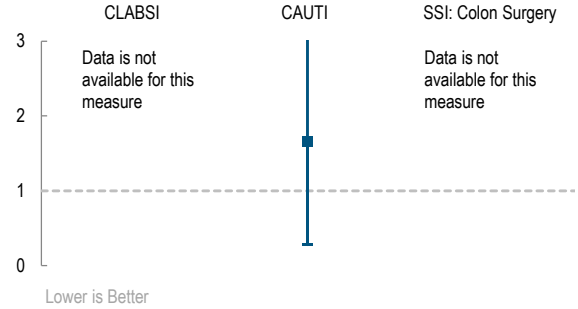


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

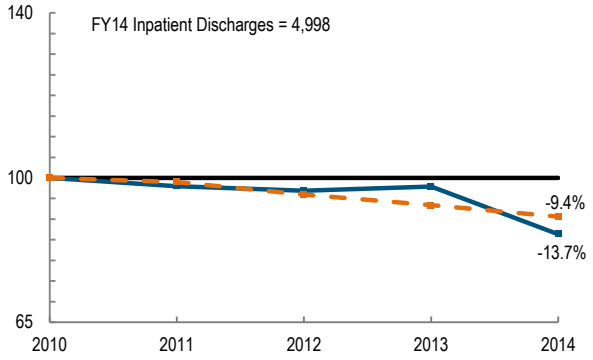
2014 HOSPITAL PROFILE: HEYWOOD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

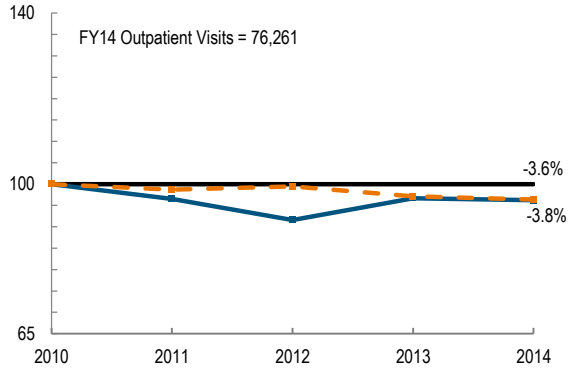
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

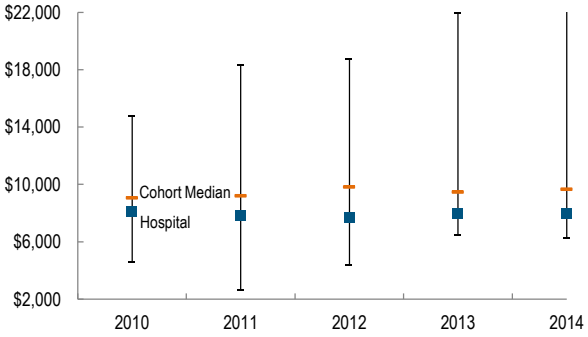


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

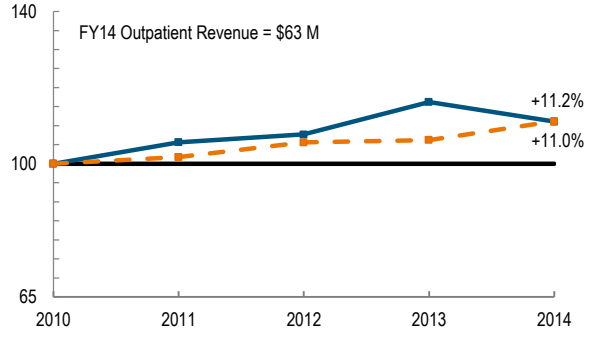


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



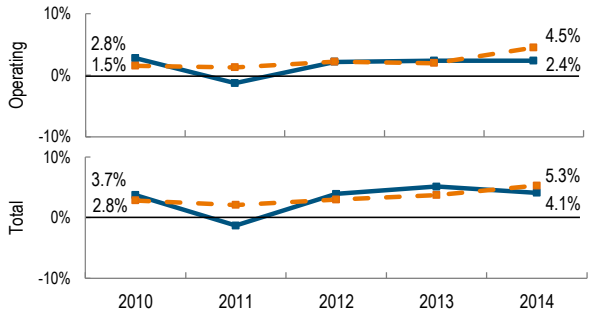
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 95	$ 97	$ 101	$ 102	$ 102
Non-Operating Revenue	$ 1	$ (0)	$ 2	$ 3	$ 2
Total Revenue	$ 96	$ 97	$ 103	$ 105	$ 104
Total Costs	$ 92	$ 99	$ 99	$ 100	$ 100
Total Profit (Loss)	$ 3.6	$ (1.3)	$ 4.0	$ 5.4	$ 4.3

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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HOLYOKE MEDICAL CENTER

2014 Hospital Profile

Holyoke, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Holyoke Medical Center is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Between FY10 and FY14, Holyoke Medical Center had a 0.6% increase in outpatient visits, compared with a median decrease of 3.6% in its cohort. Its outpatient revenue increased 26.7% from FY10 to FY14, compared to a median increase of 11.2% in its cohort. Holyoke Medical Center earned a profit each year in the period, with a 5.0% total margin in FY14, compared to a 5.3% median total margin in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	61.5%, < cohort avg. (66%)
Special Public Funding:	CHART^, DSTI[η]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$8,758
Inpatient NPSR per CMAD:	$9,893
Change FY13-FY14:	0.7%
Inpatient:Outpatient Revenue in FY14:	27%:73%
Outpatient Revenue in FY14:	$60,518,646
Change FY13-FY14:	1.9%
Total Revenue in FY14:	$123,496,760
Total Surplus (Loss) in FY14:	$6,185,448

Payer Mix

Public Payer Mix:	76.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	29th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Fallon Health and Life Assurance Company

Utilization

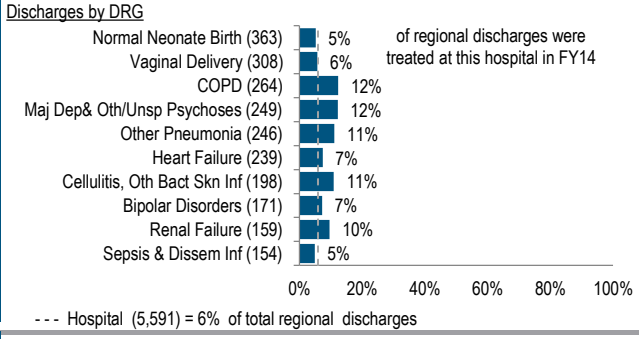
Inpatient Discharges in FY14:	5,591
Change FY13-FY14:	-5.7%
Emergency Department Visits in FY14:	41,987
Change FY13-FY14:	-3.1%
Outpatient Visits in FY14:	82,150
Change FY13-FY14:	-4.1%

Quality

Readmission Rate in FY13:	14.8%
Change FY11-FY13 (percentage points):	-2.3%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

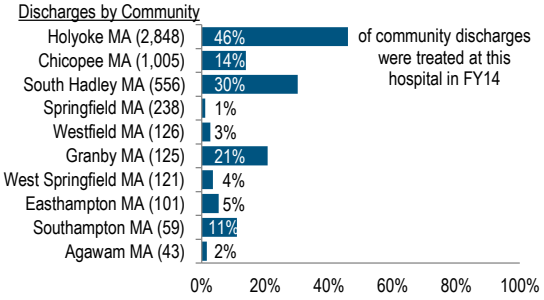
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



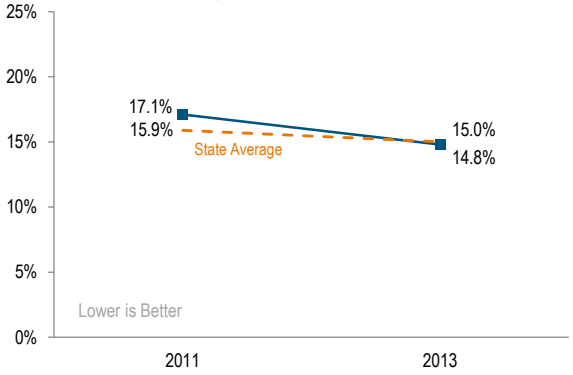
- - - Hospital (5,591) = 6% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

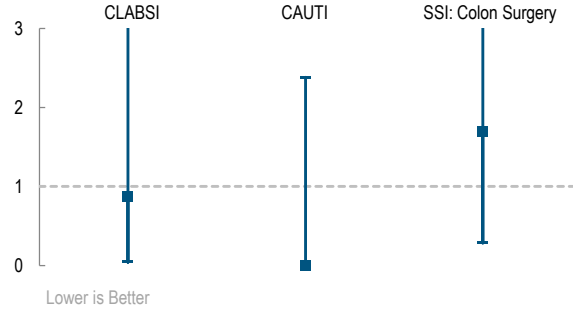


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

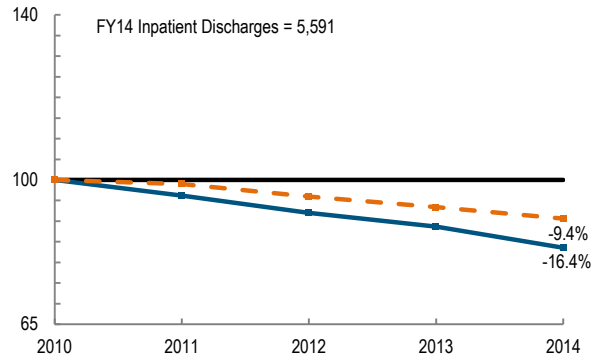
2014 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

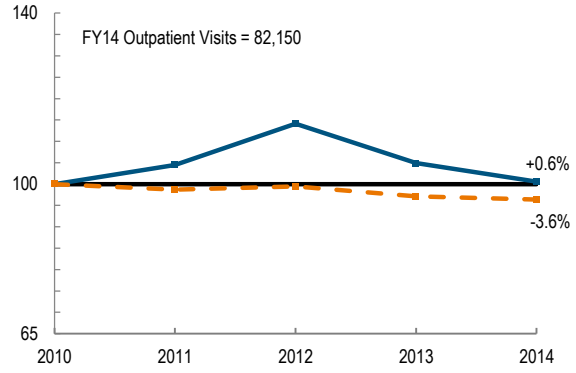
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

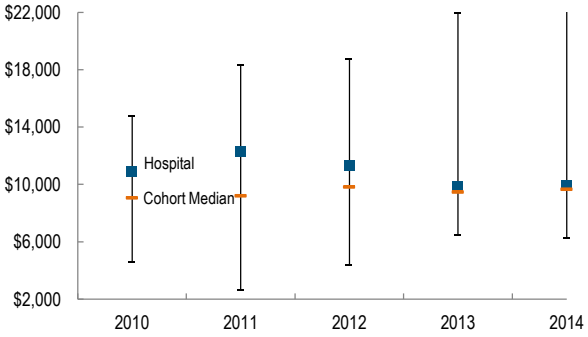


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

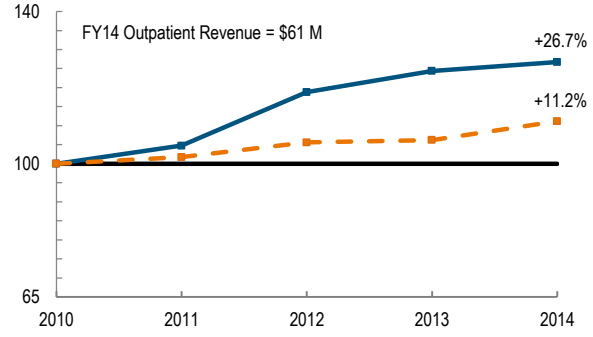


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



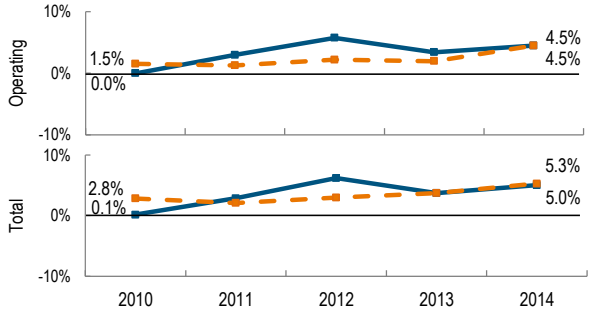
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 116	$ 122	$ 129	$ 121	$ 123
Non-Operating Revenue	$ 0	$ (0)	$ 1	$ 0	$ 1
Total Revenue	$ 116	$ 122	$ 130	$ 122	$ 123
Total Costs	$ 116	$ 119	$ 122	$ 117	$ 117
Total Profit (Loss)	$ 0.2	$ 3.5	$ 8.0	$ 4.5	$ 6.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[η] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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LAWRENCE GENERAL HOSPITAL

2014 Hospital Profile

Lawrence, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. Inpatient discharges at Lawrence General Hospital increased 1.7% between FY10 and FY14, compared with a median decrease of 9.4% among community-DSH hospitals. Outpatient revenue increased 26.5% in that period, compared to a median increase of 11.2% among cohort hospitals. Lawrence General Hospital earned a profit each year in the five-year period, with a total margin of 4.2% in FY14, while the median total margin in its peer cohort was 5.3%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	230, mid-size acute hospital
% Occupancy:	57.5%, < cohort avg. (66%)
Special Public Funding:	CHART^, DSTI[η]
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.77, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,729
Inpatient NPSR per CMAD:	$9,857
Change FY13-FY14:	5.1%
Inpatient:Outpatient Revenue in FY14:	37%:63%
Outpatient Revenue in FY14:	$121,886,699
Change FY13-FY14:	13.6%
Total Revenue in FY14:	$230,443,000
Total Surplus (Loss) in FY14:	$9,770,000

Payer Mix

Public Payer Mix:	73.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	22nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

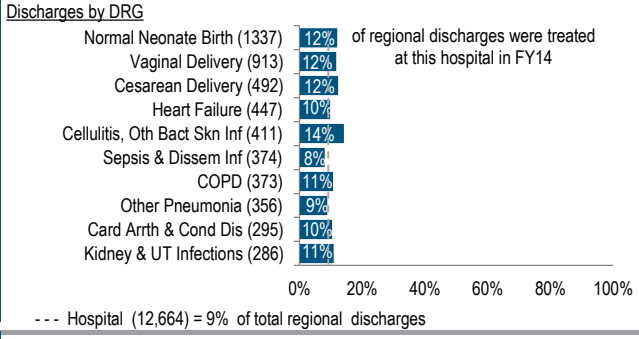
Inpatient Discharges in FY14:	12,664
Change FY13-FY14:	-1.6%
Emergency Department Visits in FY14:	75,616
Change FY13-FY14:	6.5%
Outpatient Visits in FY14:	237,992
Change FY13-FY14:	2.6%

Quality

Readmission Rate in FY13:	14.7%
Change FY11-FY13 (percentage points):	0.3%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	4.3%

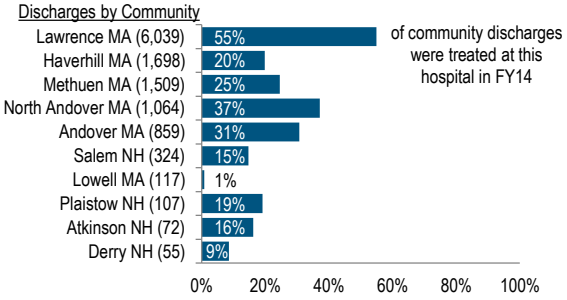
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



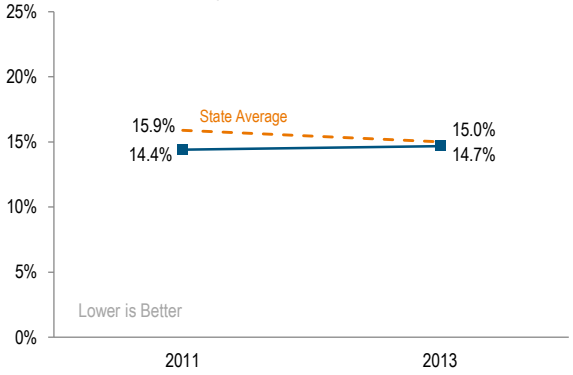
- - - Hospital (12,664) = 9% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

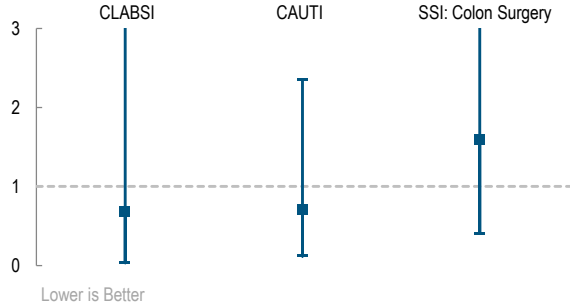


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

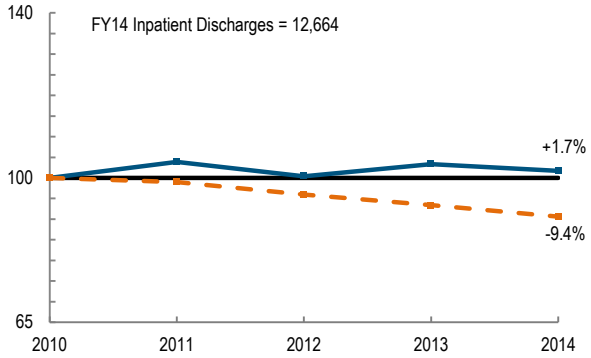
2014 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

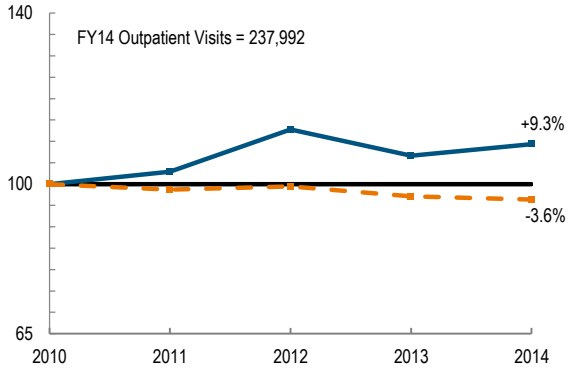
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

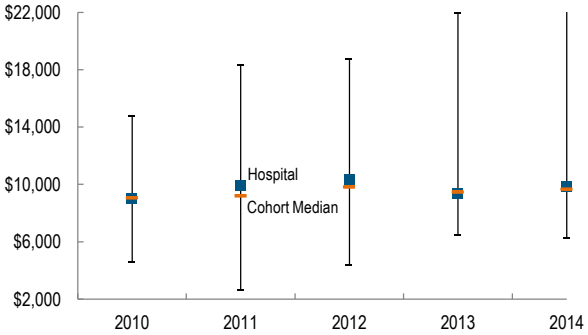


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

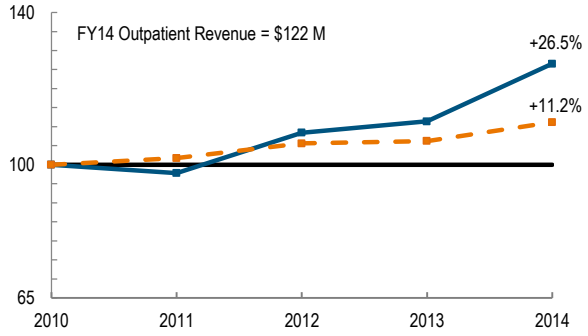


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



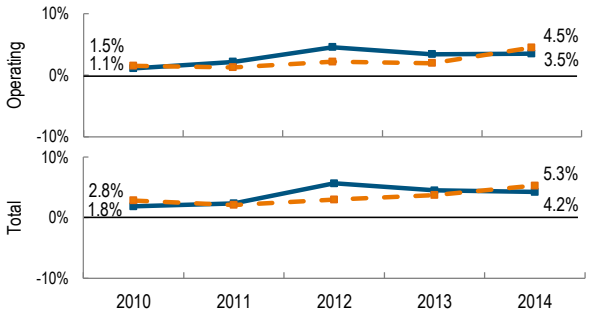
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 178	$ 190	$ 217	$ 217	$ 229
Non-Operating Revenue	$ 1	$ 0	$ 2	$ 2	$ 2
Total Revenue	$ 179	$ 190	$ 220	$ 220	$ 230
Total Costs	$ 176	$ 185	$ 207	$ 210	$ 221
Total Profit (Loss)	$ 3.3	$ 4.4	$ 12.4	$ 9.9	$ 9.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[η] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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LOWELL GENERAL HOSPITAL

2014 Hospital Profile

Lowell, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

Lowell General Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. It was compared with community hospitals in FY13, as it did not qualify for DSH status that year. It is among the larger acute hospitals in Massachusetts. Lowell General merged with Saints Medical Center in 2012. As such, utilization data from Saints Medical Center is included in Lowell General's FY13 and FY14 data. Lowell General Hospital was profitable each year from FY10 to FY14, with a total margin of 4.1% in FY14, compared to a median total margin of 5.3% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Wellforce
Change in Ownership (FY10-FY14):	Wellforce - 2014 (FY15)
Total Staffed Beds:	333, among the larger acute hospitals
% Occupancy:	68.3%, > cohort avg. (66%)
Special Public Funding:	CHART^
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.85, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$8,823
Inpatient NPSR per CMAD:	$9,634
Change FY13-FY14:	1.8%
Inpatient:Outpatient Revenue in FY14:	36%:64%
Outpatient Revenue in FY14:	$227,039,597
Change FY13-FY14:	-2.7%
Total Revenue in FY14:	$426,793,264
Total Surplus (Loss) in FY14:	$17,568,472

Payer Mix

Public Payer Mix:	64.3% (DSH* Hospital)
CY14 Commercial Payer Price Level:	35th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

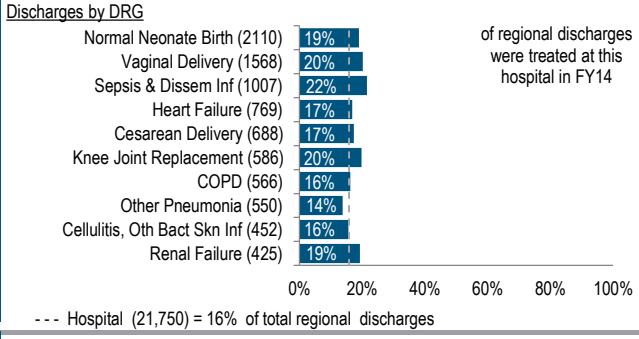
Inpatient Discharges in FY14:	21,750
Change FY13-FY14:	-5.8%
Emergency Department Visits in FY14:	100,730
Change FY13-FY14:	-0.1%
Outpatient Visits in FY14:	187,206
Change FY13-FY14:	-20.1%

Quality

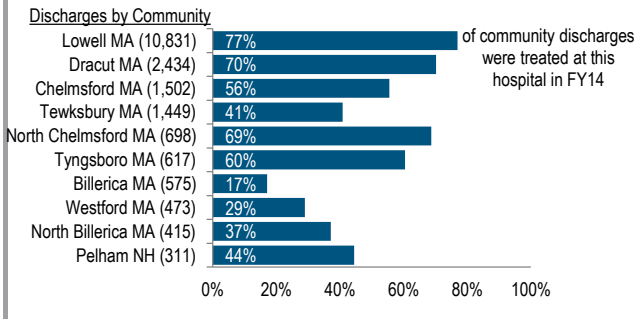
Readmission Rate in FY13:	14.7%
Change FY11-FY13 (percentage points):	0.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.8%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

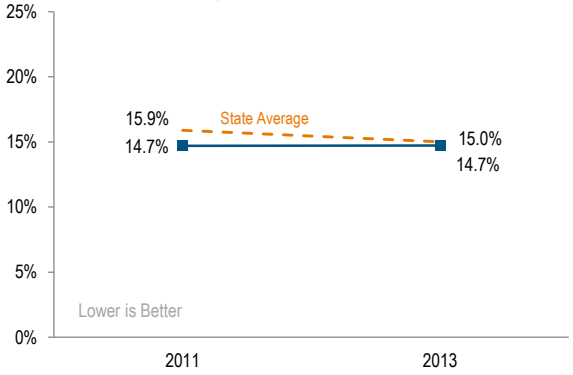


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

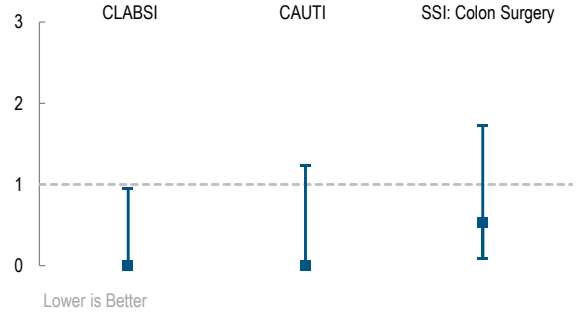


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

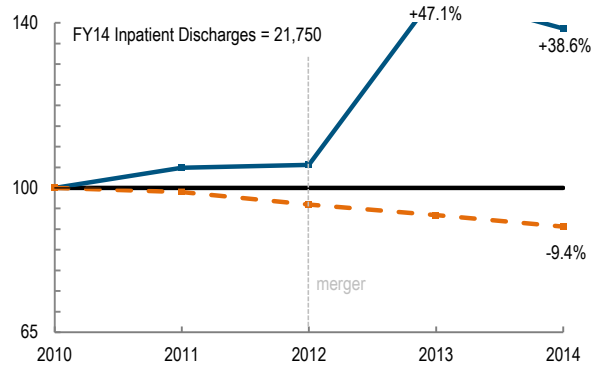
2014 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

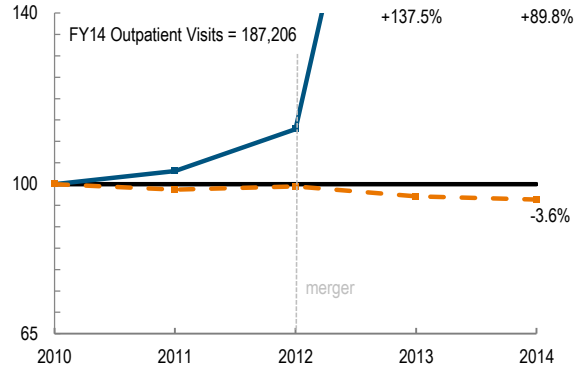
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

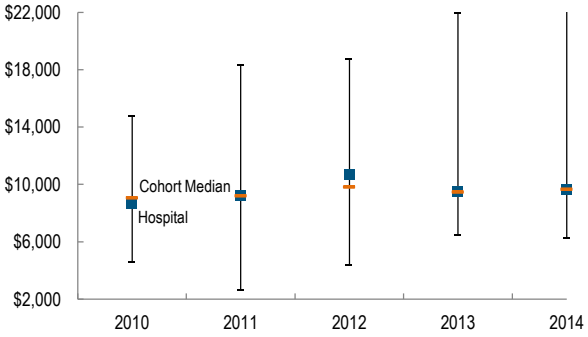


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

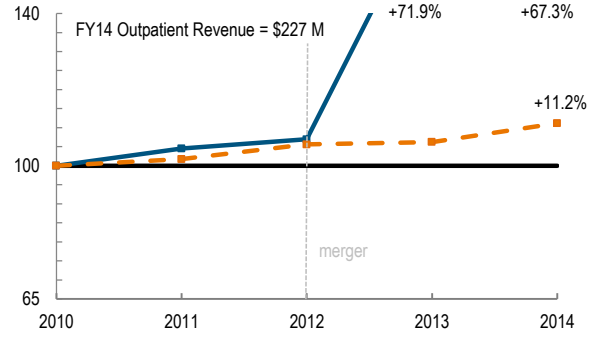


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



Financial Performance

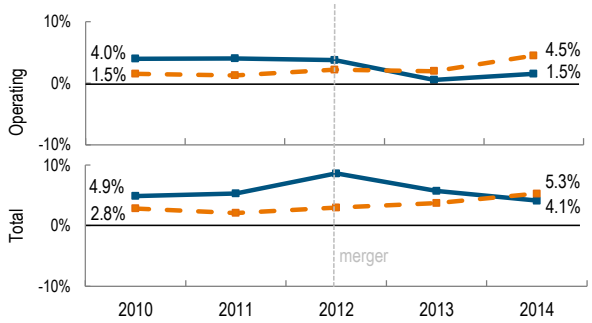
How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 236	$ 255	$ 317	$ 405	$ 416
Non-Operating Revenue	$ 2	$ 3	$ 16	$ 22	$ 11
Total Revenue	$ 238	$ 258	$ 333	$ 427	$ 427
Total Costs	$ 226	$ 244	$ 304	$ 402	$ 409
Total Profit (Loss)	$ 11.6	$ 13.6	$ 28.7	$ 24.3	$ 17.6

merger

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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MARLBOROUGH HOSPITAL

2014 Hospital Profile

Marlborough, MA
Community, Disproportionate Share Hospital
Metro West

Marlborough Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a is member of the UMass Memorial Health Care system. Marlborough Hospital was profitable each year from FY10 to FY14, with a total margin of 3.6% in FY14, compared to a median total margin of 5.3% for peer hospitals. In FY14, Marlborough Hospital had 11.0% fewer inpatient discharges, compared with a median decrease of 9.4% among hospitals in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	67, among the smaller acute hospitals
% Occupancy:	64.2%, < cohort avg. (66%)
Special Public Funding:	CHART^, ICB$^{\theta}$
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted$^{\mp}$ Cost per Discharge:	$7,307
Inpatient NPSR per CMAD:	$6,247
Change FY13-FY14:	-3.0%
Inpatient:Outpatient Revenue in FY14:	26%:74%
Outpatient Revenue in FY14:	$44,475,097
Change FY13-FY14:	-4.2%
Total Revenue in FY14:	$82,033,000
Total Surplus (Loss) in FY14:	$2,927,000

Payer Mix

Public Payer Mix:	63.6% (DSH* Hospital)
CY14 Commercial Payer Price Level:	38th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

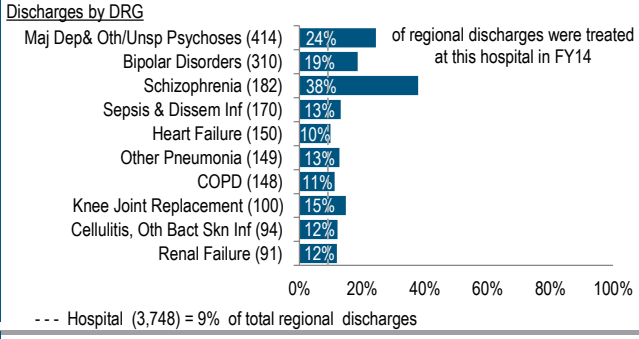
Inpatient Discharges in FY14:	3,748
Change FY13-FY14:	-2.0%
Emergency Department Visits in FY14:	25,933
Change FY13-FY14:	-3.2%
Outpatient Visits in FY14:	78,442
Change FY13-FY14:	5.0%

Quality

Readmission Rate in FY13:	16.2%
Change FY11-FY13 (percentage points):	1.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

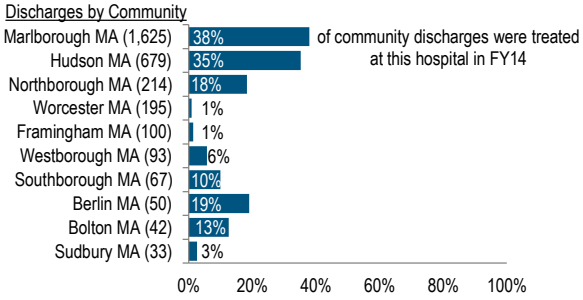
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



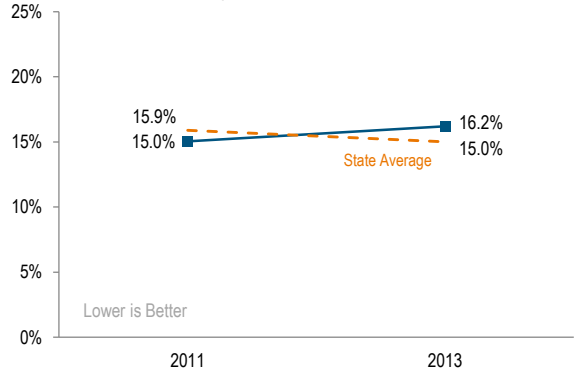
- - - Hospital (3,748) = 9% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

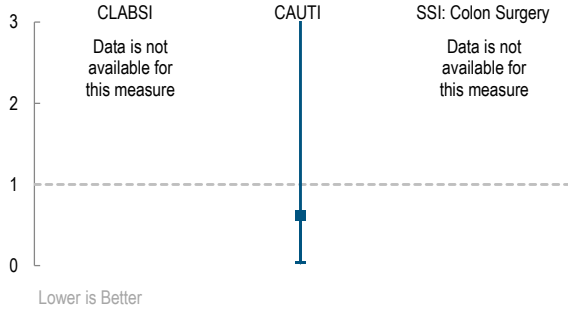


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

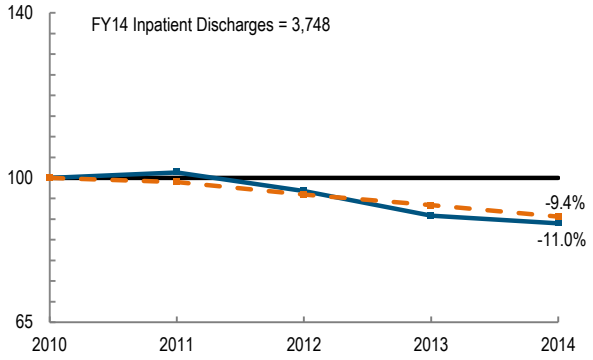
2014 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

Cohort: Community, Disproportionate Share Hospital

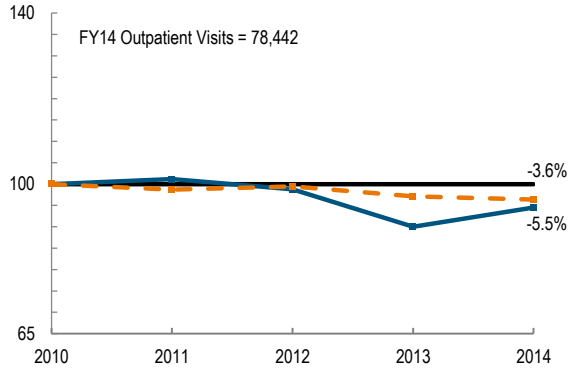
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

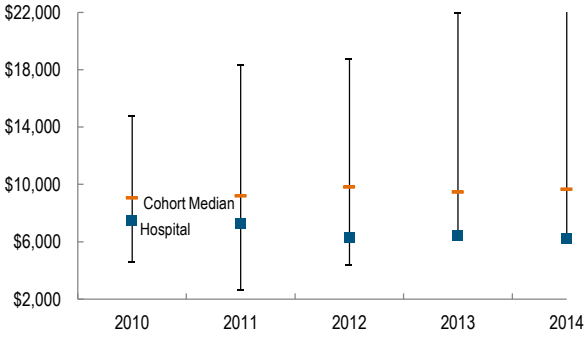


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

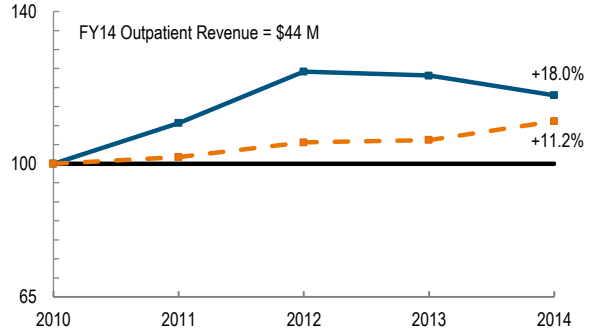


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



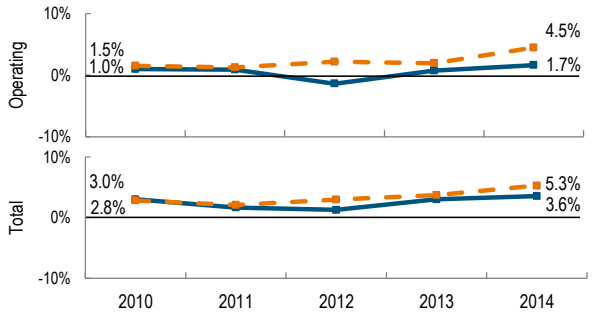
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 71	$ 76	$ 77	$ 79	$ 80
Non-Operating Revenue	$ 1	$ 1	$ 2	$ 2	$ 2
Total Revenue	$ 73	$ 76	$ 79	$ 81	$ 82
Total Costs	$ 70	$ 75	$ 78	$ 78	$ 79
Total Profit (Loss)	$ 2.2	$ 1.3	$ 1.0	$ 2.4	$ 2.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

θ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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MARTHA'S VINEYARD HOSPITAL

2014 Hospital Profile

Oak Bluffs, MA
Community, Disproportionate Share Hospital
Cape and Islands

Martha's Vineyard Hospital is a small, non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is a member of Partners HealthCare System. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Martha's Vineyard Hospital was profitable each year from FY10 to FY14, with a total margin of 5.3% in FY14, consistent with the median total margin of its peer cohort hospitals. In FY14, Martha's Vineyard Hospital had 4.0% more inpatient discharges than in FY10, compared with a median decrease of 9.4% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	31, among the smallest acute hospitals
% Occupancy:	60.8%, < cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.65, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$19,015
Inpatient NPSR per CMAD:	$23,267
Change FY13-FY14:	6.1%
Inpatient:Outpatient Revenue in FY14:	24%:76%
Outpatient Revenue in FY14:	$45,344,130
Change FY13-FY14:	5.1%
Total Revenue in FY14:	$72,248,000
Total Surplus (Loss) in FY14:	$3,837,000

Payer Mix

Public Payer Mix:	65.9% (DSH* Hospital)
CY14 Commercial Payer Price Level:	84th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Aetna Health Inc. (PA)

Utilization

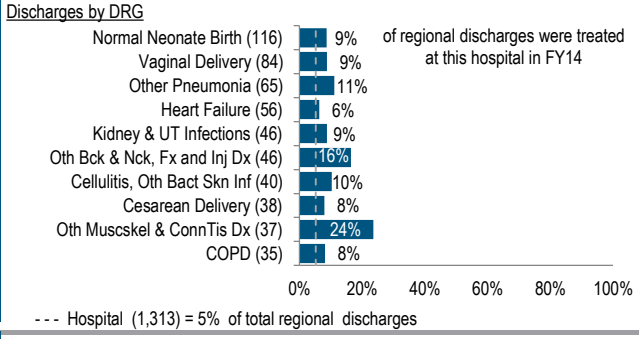
Inpatient Discharges in FY14:	1,313
Change FY13-FY14:	8.6%
Emergency Department Visits in FY14:	14,408
Change FY13-FY14:	-1.6%
Outpatient Visits in FY14:	57,442
Change FY13-FY14:	5.8%

Quality

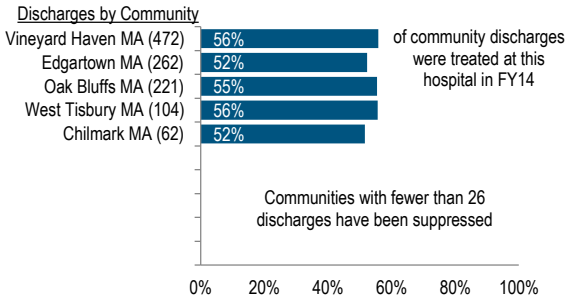
Readmission Rate in FY13:	18.1%
Change FY11-FY13 (percentage points):	5.8%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

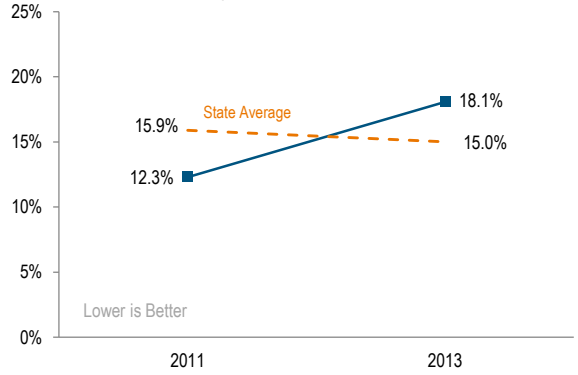


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

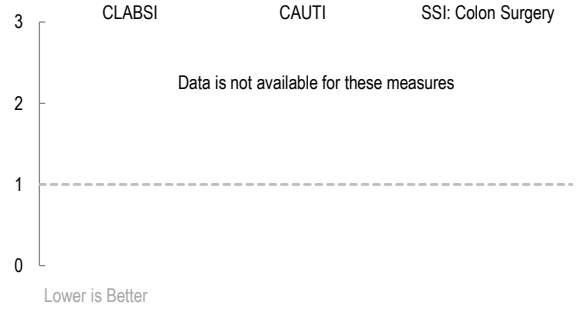


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

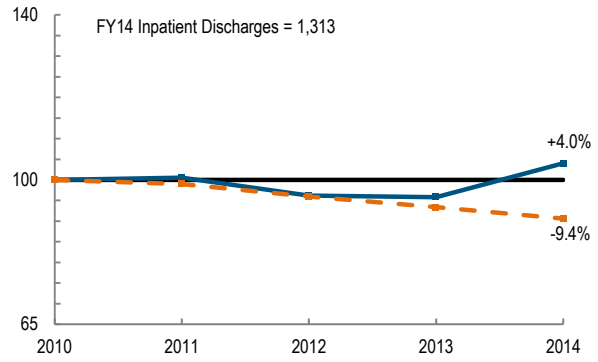
2014 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

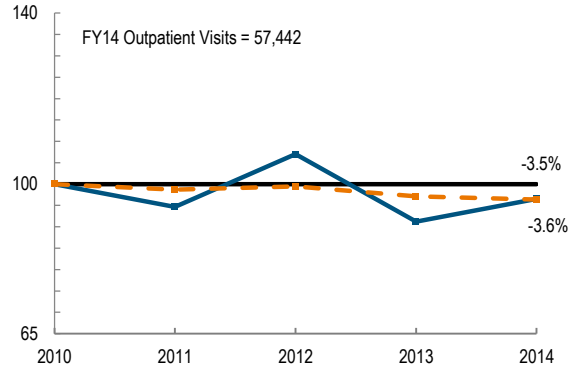
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

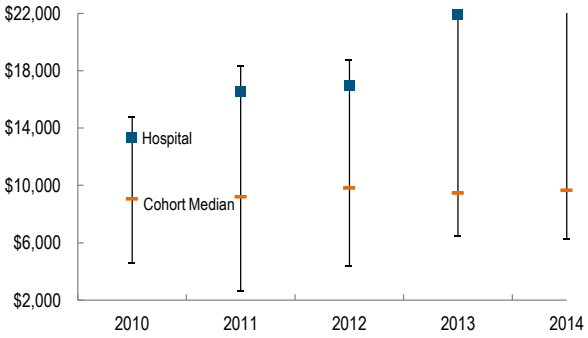


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

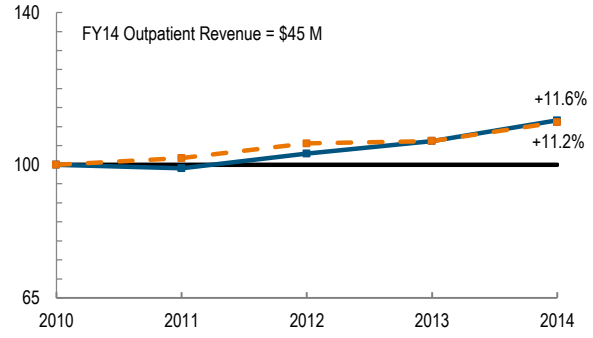


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



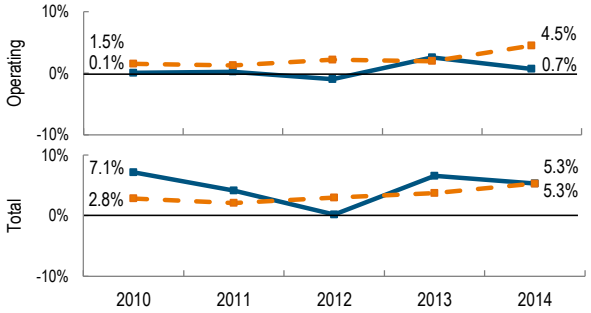
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 51	$ 56	$ 59	$ 62	$ 69
Non-Operating Revenue	$ 4	$ 2	$ 1	$ 3	$ 3
Total Revenue	$ 55	$ 58	$ 60	$ 65	$ 72
Total Costs	$ 51	$ 56	$ 60	$ 61	$ 68
Total Profit (Loss)	$ 3.9	$ 2.4	$ 0.1	$ 4.3	$ 3.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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MERCY MEDICAL CENTER

2014 Hospital Profile

Springfield, MA
Community, Disproportionate Share Hospital
Western Massachusetts

Mercy Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Mercy Medical Center had 3.9% fewer inpatient discharges in FY14 than in FY10, compared with a median decrease of 9.4% in its peer cohort. Outpatient visits incresed at Mercy Medical Center, by 10.1%, compared with a median decline of 3.6% in its peer cohort. The hospital earned a profit each year from FY10 to FY14, with a 7.0% total margin in FY14, compared to a median total margin of 5.3% among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	420, 9th largest acute hospital
% Occupancy:	54.2%, < cohort avg. (66%)
Special Public Funding:	CHART^, DSTI[η]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,854
Inpatient NPSR per CMAD:	$9,932
Change FY13-FY14:	3.3%
Inpatient:Outpatient Revenue in FY14:	50%:50%
Outpatient Revenue in FY14:	$103,635,961
Change FY13-FY14:	14.4%
Total Revenue in FY14:	$251,289,500
Total Surplus (Loss) in FY14:	$17,667,822

Payer Mix

Public Payer Mix:	74.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	26th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	UniCare Life and Health Insurance Company

Utilization

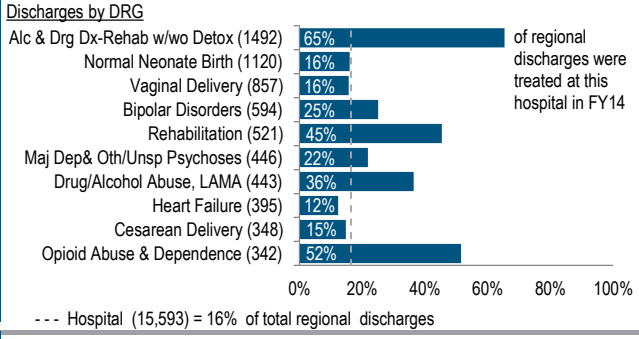
Inpatient Discharges in FY14:	15,593
Change FY13-FY14:	-1.8%
Emergency Department Visits in FY14:	66,751
Change FY13-FY14:	-0.3%
Outpatient Visits in FY14:	209,655
Change FY13-FY14:	9.5%

Quality

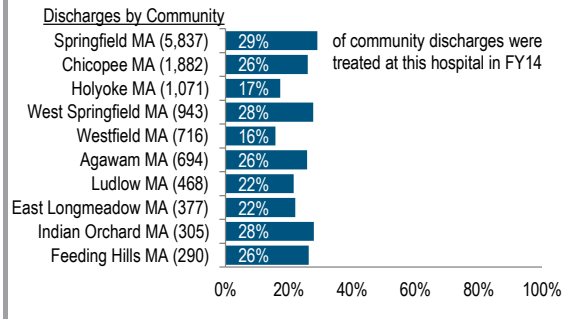
Readmission Rate in FY13:	14.5%
Change FY11-FY13 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

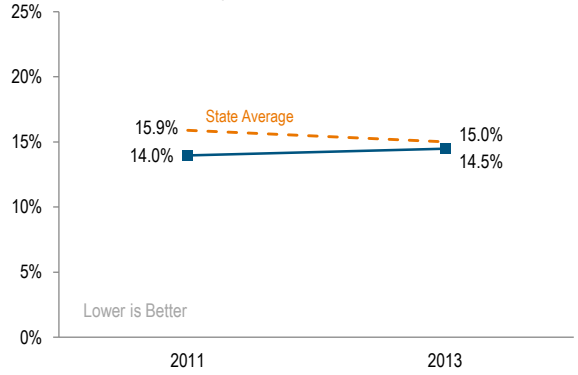


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

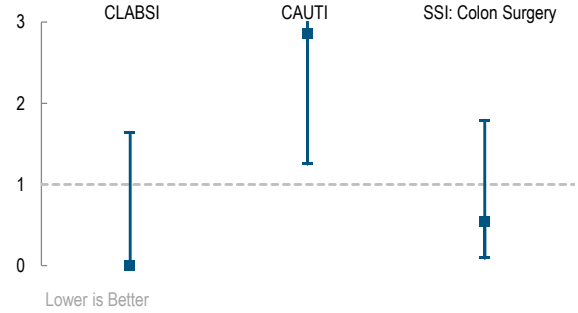


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

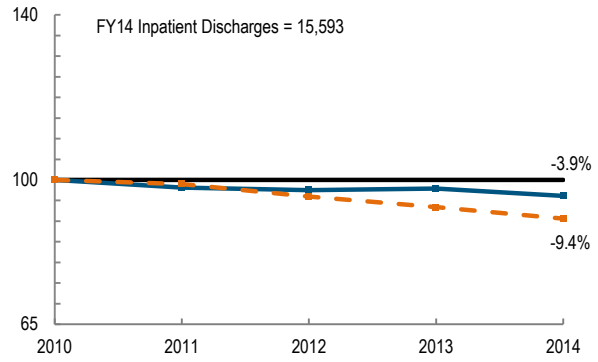
2014 HOSPITAL PROFILE: MERCY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

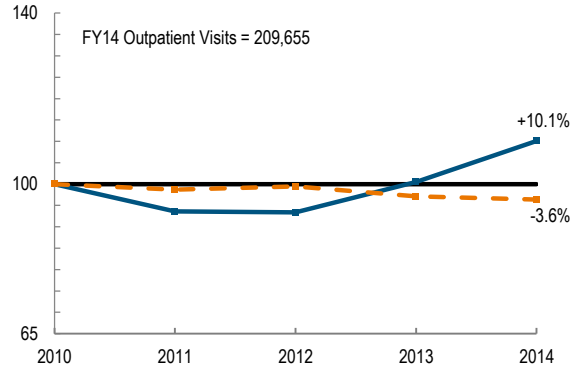
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

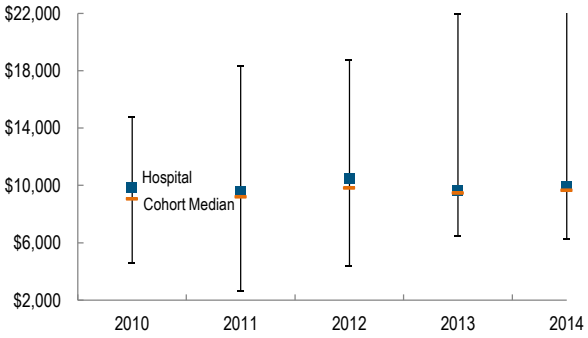


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

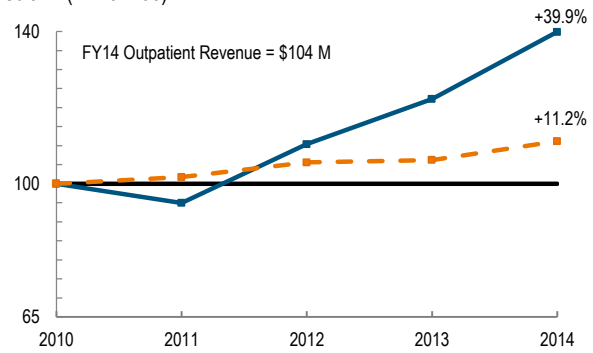


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



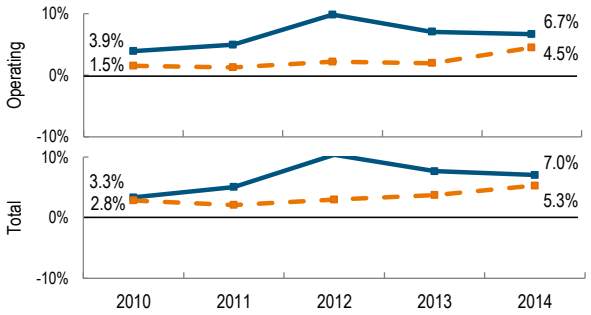
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 217	$ 218	$ 242	$ 129	$ 250
Non-Operating Revenue	$ (1)	$ 0	$ 1	$ 1	$ 1
Total Revenue	$ 216	$ 218	$ 244	$ 130	$ 251
Total Costs	$ 209	$ 207	$ 219	$ 120	$ 234
Total Profit (Loss)	$ 7.2	$ 11.0	$ 25.2	$ 9.9	$ 17.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[η] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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MERRIMACK VALLEY HOSPITAL

2014 Hospital Profile

Haverhill, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

Merrimack Valley Hospital merged with Steward Holy Family Hospital in July 2014, and is now a campus of Holy Family Hospital. Merrimack Valley Hospital was unprofitable each year from FY10 to FY13, with a total margin of -22.1% in FY13, compared with a median total margin of 4.1% in its peer cohort. Financial data and some utilzation data for FY14 is included in Steward Holy Family's data for that year, and is reported in Steward Holy Family Hospital's profile.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2011
Total Staffed Beds:	56, among the smaller acute hospitals
% Occupancy:	97.7%, highest in cohort (avg. 66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.90, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,068
Inpatient NPSR per CMAD:	$8,658
Change FY13-FY14:	0.0%
Inpatient:Outpatient Revenue in FY14:	43%:57%
Outpatient Revenue in FY14:	$18,684,563
Change FY13-FY14:	-12.0%
Total Revenue in FY14:	Not Applicable
Total Surplus (Loss) in FY14:	Not Applicable

Payer Mix

Public Payer Mix:	74.7% (DSH* Hospital)
CY14 Commercial Payer Price Level:	30th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY14:	3,064
Change FY13-FY14:	-3.7%
Emergency Department Visits in FY14:	17,367
Change FY13-FY14:	-19.5%
Outpatient Visits in FY14:	28,089
Change FY13-FY14:	-12.5%

Quality

Readmission Rate in FY13:	17.5%
Change FY11-FY13 (percentage points):	0.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

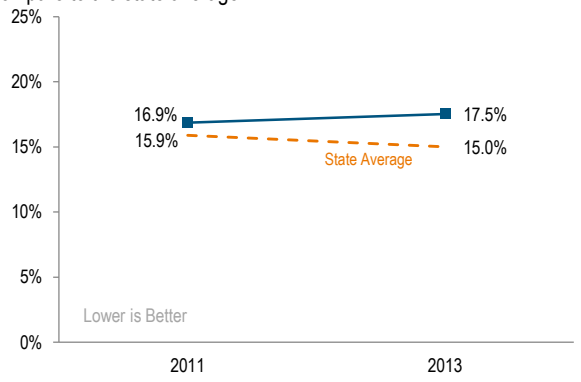
Data for this measure was reported under Steward Holy Family as a result of a merger in FY14.

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

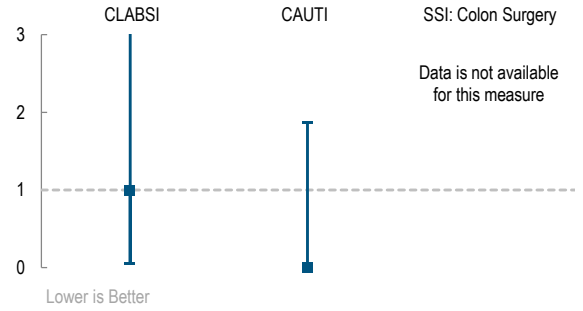
Data for this measure was reported under Steward Holy Family as a result of a merger in FY14.

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

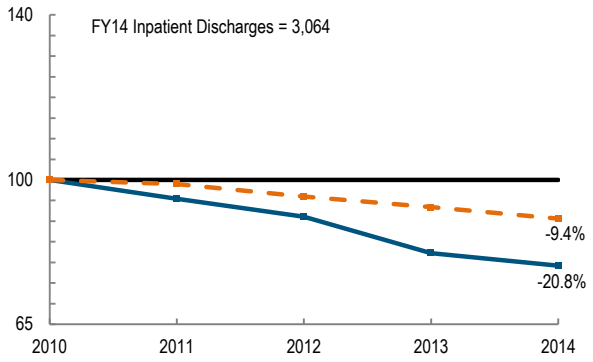
2014 HOSPITAL PROFILE: MERRIMACK VALLEY HOSPITAL

Cohort: Community, Disproportionate Share Hospital

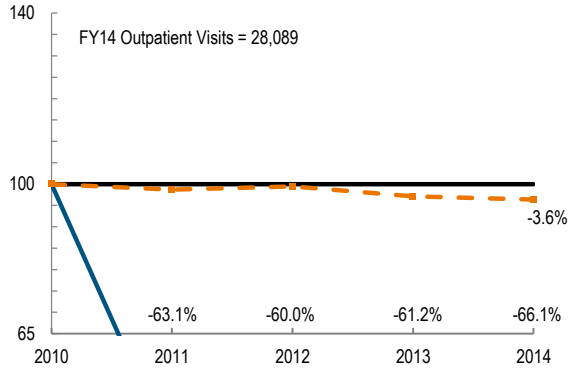
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

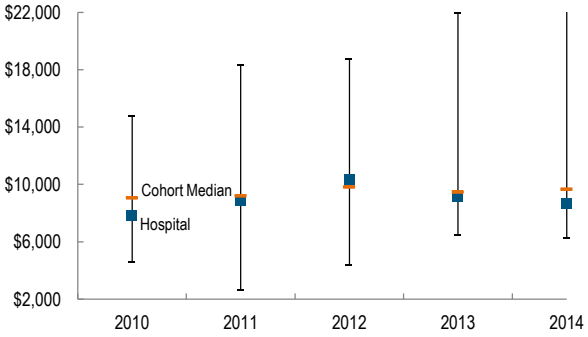


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

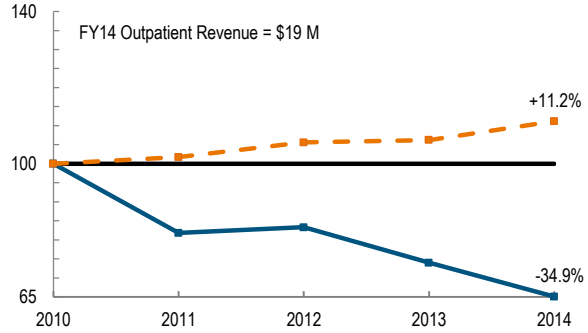


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



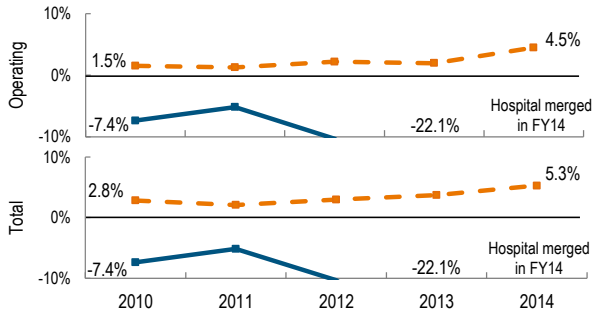
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 55	$ 23	$ 56	$ 48	N/A
Non-Operating Revenue	$ 0	$ 0	$ (0)	$ (0)	N/A
Total Revenue	$ 55	$ 23	$ 56	$ 48	N/A
Total Costs	$ 59	$ 24	$ 62	$ 59	N/A
Total Profit (Loss)	$ (4.1)	$ (1.2)	$ (5.8)	$ (10.7)	N/A

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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MORTON HOSPITAL

2014 Hospital Profile

Taunton, MA
Community, Disproportionate Share Hospital
Metro South

Morton Hospital is a for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. Morton Hospital is a member of Steward Health Care System. Inpatient discharges at Morton Hospital decreased by 28.1% from FY10 to FY14, compared to a median decrease of 9.4% in peer cohort hospitals during that time. Outpatient visits declined sharply (-46.8%) between FY10 and FY14 at Morton Hospital, while the median outpatient visits in its cohort only declined by only 3.6% during that period. Morton Hospital recovered from losses in FY12 and FY13, and earned a total margin of 7.7% in FY14, higher than the 5.3% median total margin in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2011
Total Staffed Beds:	91, among the smaller acute hospitals
% Occupancy:	75.2%, > cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$6,988
Inpatient NPSR per CMAD:	$9,699
Change FY13-FY14:	13.1%
Inpatient:Outpatient Revenue in FY14:	27%:73%
Outpatient Revenue in FY14:	$56,607,679
Change FY13-FY14:	-7.5%
Total Revenue in FY14:	$116,238,769
Total Surplus (Loss) in FY14:	$8,936,862

Payer Mix

Public Payer Mix:	68.4% (DSH* Hospital)
CY14 Commercial Payer Price Level:	31st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

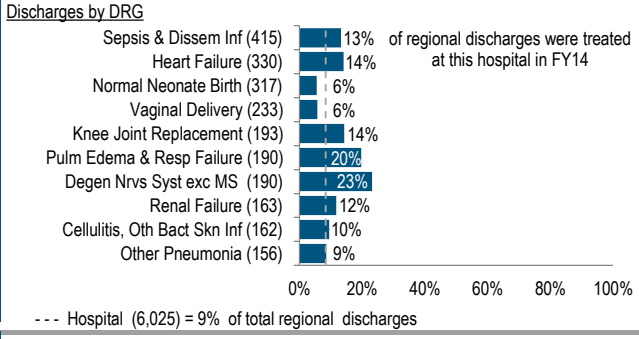
Inpatient Discharges in FY14:	6,025
Change FY13-FY14:	-8.9%
Emergency Department Visits in FY14:	50,697
Change FY13-FY14:	-3.7%
Outpatient Visits in FY14:	64,410
Change FY13-FY14:	-4.6%

Quality

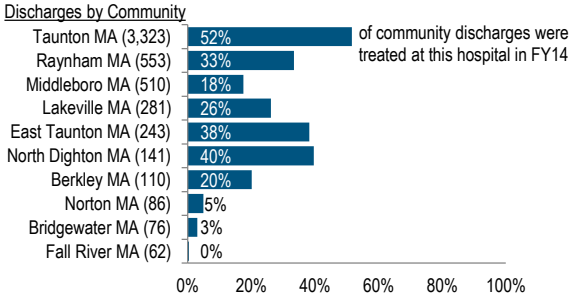
Readmission Rate in FY13:	16.4%
Change FY11-FY13 (percentage points):	-3.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

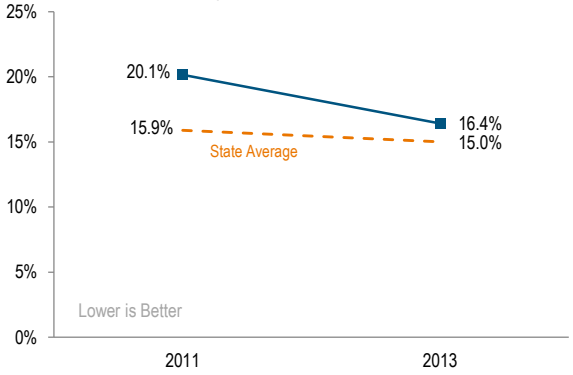


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

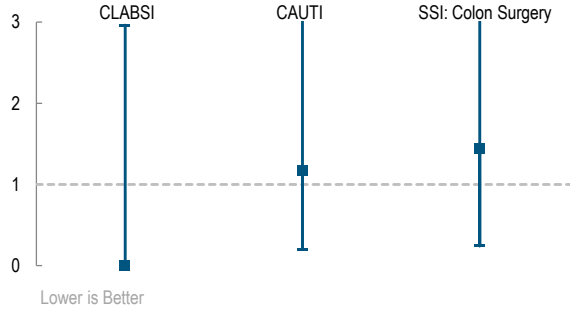


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

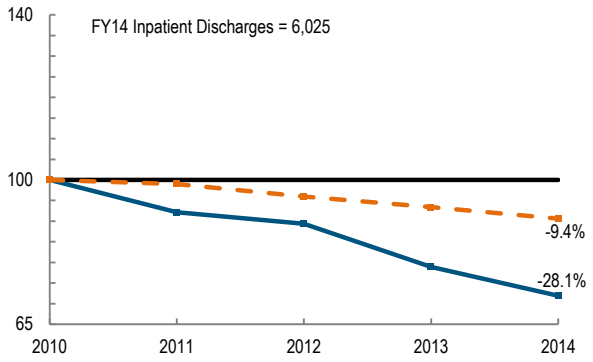
2014 HOSPITAL PROFILE: MORTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

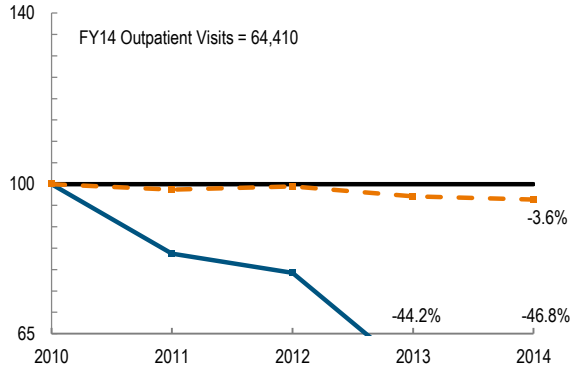
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

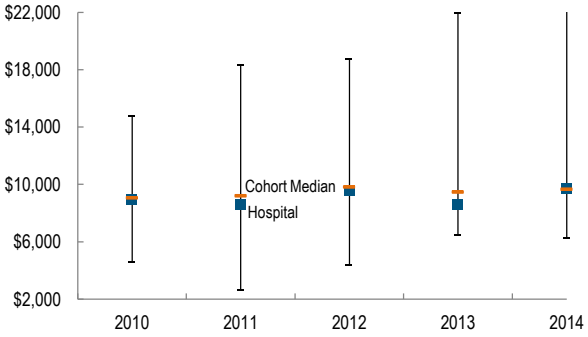


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

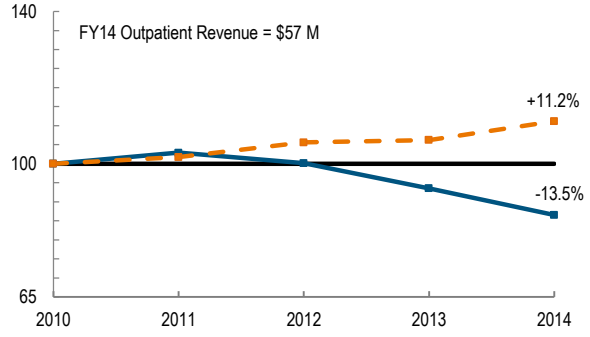


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



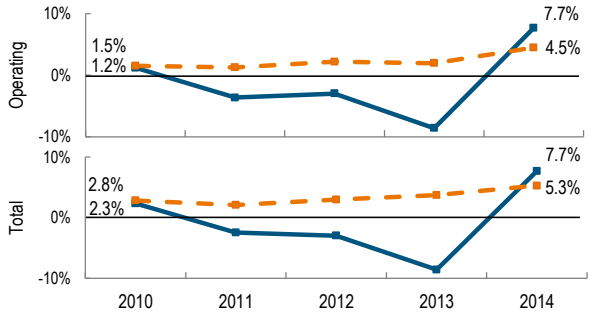
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 131	$ 124	$ 125	$ 113	$ 116
Non-Operating Revenue	$ 2	$ 1	$ -	$ -	$ 0
Total Revenue	$ 133	$ 126	$ 125	$ 113	$ 116
Total Costs	$ 130	$ 129	$ 129	$ 122	$ 107
Total Profit (Loss)	$ 3.1	$ (3.1)	$ (3.7)	$ (9.7)	$ 8.9

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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NASHOBA VALLEY MEDICAL CENTER

2014 Hospital Profile

Ayer, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

Nashoba Valley Medical Center is a small, for-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. It did not qualify for DSH status in FY13 and was a member of the community hospital cohort. It is a member of the Steward Health Care System. Inpatient discharges at the hospital increased 10.3% from FY10 to FY14, compared to a median decrease of 9.4% among peer cohort hospitals. Nashoba Valley Medical Center had 61.5% fewer outpatient visits in FY14 than in FY10, compared to 3.6% fewer at the median of its cohort. The hospital earned its largest profit and highest total margin of the five-year period in FY14, with a total margin of 6.4%, higher than the median total margin in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2011
Total Staffed Beds:	42, among the smaller acute hospitals
% Occupancy:	59.9%, < cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.80, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,599
Inpatient NPSR per CMAD:	$9,398
Change FY13-FY14:	11.5%
Inpatient:Outpatient Revenue in FY14:	23%:77%
Outpatient Revenue in FY14:	$30,037,959
Change FY13-FY14:	7.2%
Total Revenue in FY14:	$49,268,169
Total Surplus (Loss) in FY14:	$3,157,161

Payer Mix

Public Payer Mix:	63.3% (DSH* Hospital)
CY14 Commercial Payer Price Level:	37th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

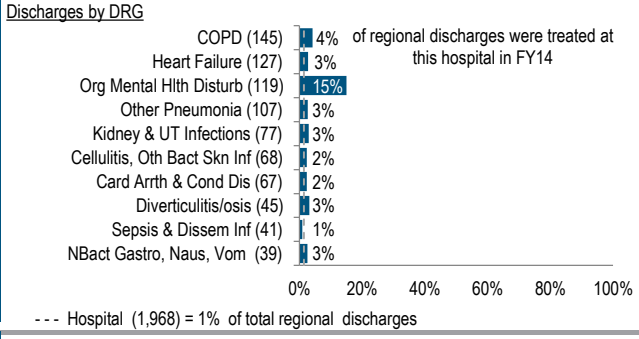
Inpatient Discharges in FY14:	1,968
Change FY13-FY14:	7.6%
Emergency Department Visits in FY14:	15,409
Change FY13-FY14:	-0.8%
Outpatient Visits in FY14:	48,777
Change FY13-FY14:	7.2%

Quality

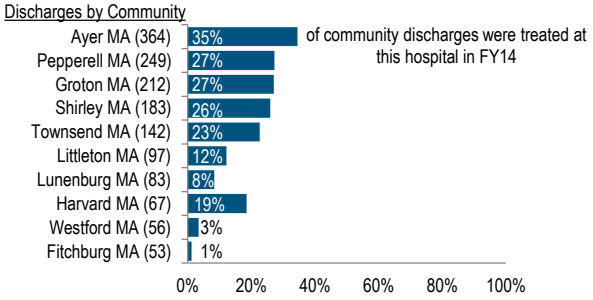
Readmission Rate in FY13:	13.7%
Change FY11-FY13 (percentage points):	-2.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

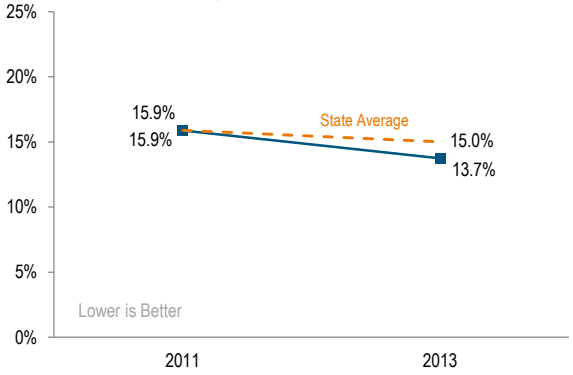


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

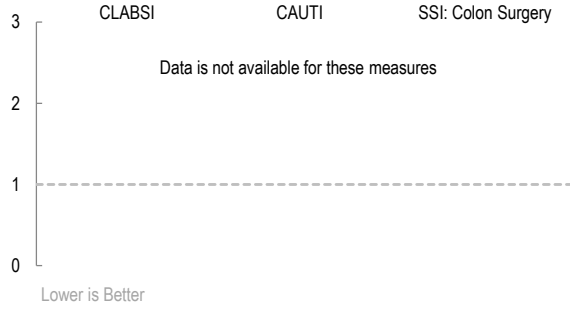


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

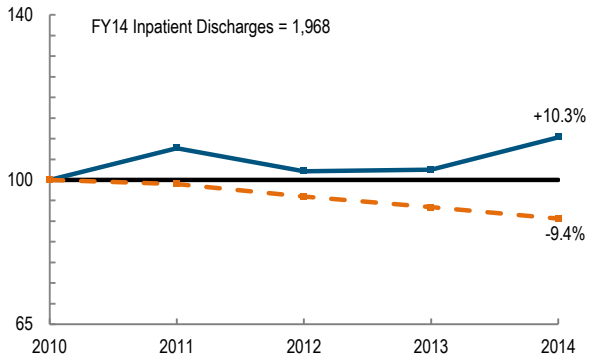
2014 HOSPITAL PROFILE: NASHOBA VALLEY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

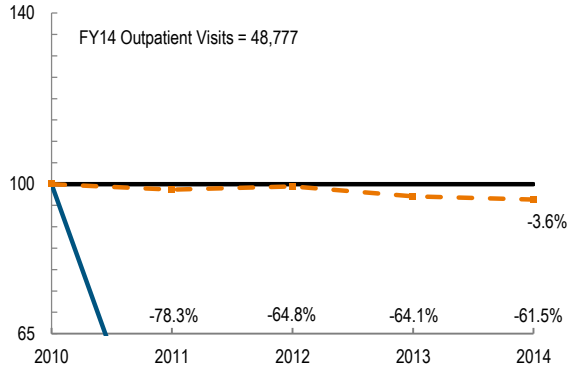
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

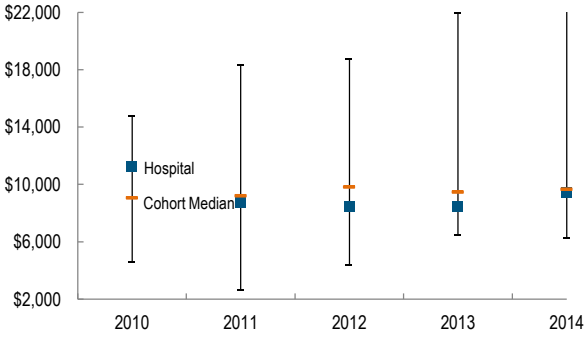


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

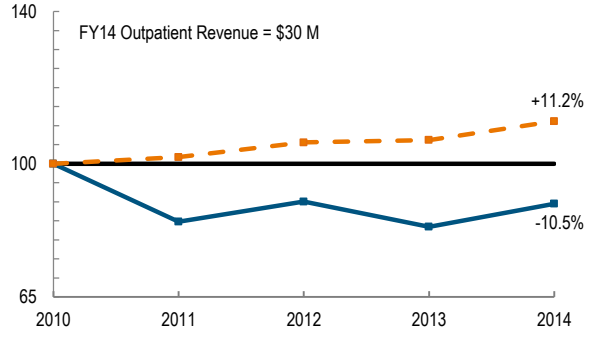


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



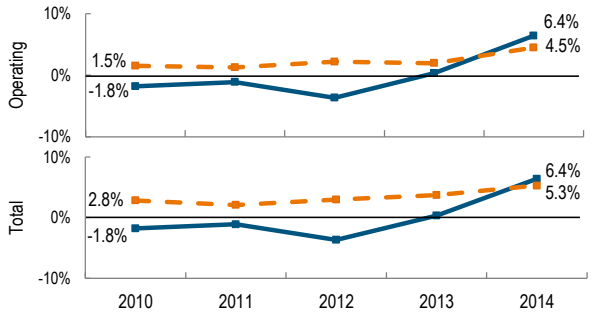
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 45	$ 17	$ 44	$ 40	$ 49
Non-Operating Revenue	$ 0	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 45	$ 17	$ 44	$ 40	$ 49
Total Costs	$ 46	$ 17	$ 46	$ 40	$ 46
Total Profit (Loss)	$ (0.8)	$ (0.2)	$ (1.6)	$ 0.1	$ 3.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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NORTH SHORE MEDICAL CENTER

2014 Hospital Profile

Salem, MA & Lynn, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

North Shore Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. It is a member of Partners HealthCare System. Inpatient discharges decreased by 13.1% from FY10 to FY14, compared to a median decrease of 9.4% at peer cohort hospitals during that time. Outpatient visits decreased by 15.3% from FY10 to FY14, compared to the median decrease of 3.6% among cohort hospitals. The hospital was unprofitable each year from FY10 to FY14, with a total margin of -5.3% in FY14, compared to the 5.3% median total margin of peer hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	431, 8th largest acute hospital
% Occupancy:	58.1%, < cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.91, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted‡ Cost per Discharge:	$13,457
Inpatient NPSR per CMAD:	$11,977
Change FY13-FY14:	4.8%
Inpatient:Outpatient Revenue in FY14:	39%:61%
Outpatient Revenue in FY14:	$191,121,833
Change FY13-FY14:	-2.5%
Total Revenue in FY14:	$415,999,000
Total Surplus (Loss) in FY14:	($22,158,000)

Payer Mix

Public Payer Mix:	70.5% (DSH* Hospital)
CY14 Commercial Payer Price Level:	62nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

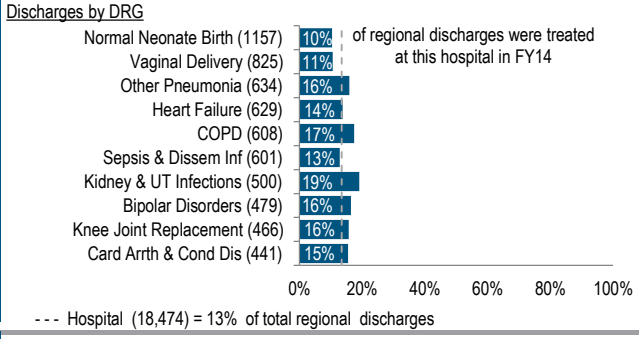
Inpatient Discharges in FY14:	18,474
Change FY13-FY14:	-7.0%
Emergency Department Visits in FY14:	73,117
Change FY13-FY14:	-5.0%
Outpatient Visits in FY14:	107,903
Change FY13-FY14:	-6.4%

Quality

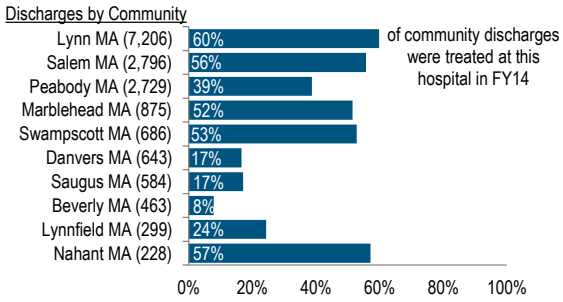
Readmission Rate in FY13:	14.4%
Change FY11-FY13 (percentage points):	0.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

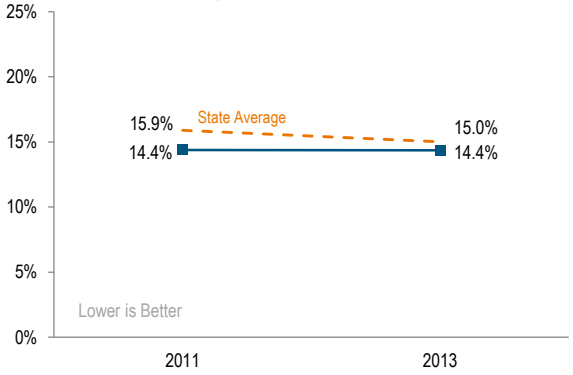


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

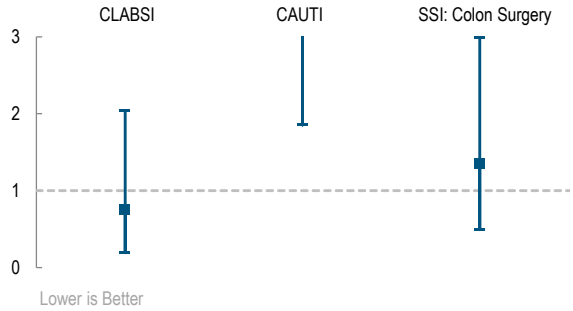


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

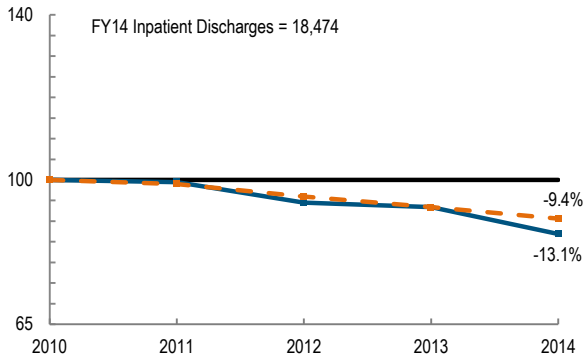
2014 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

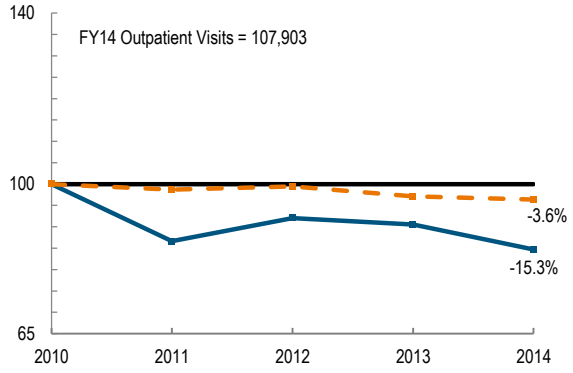
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

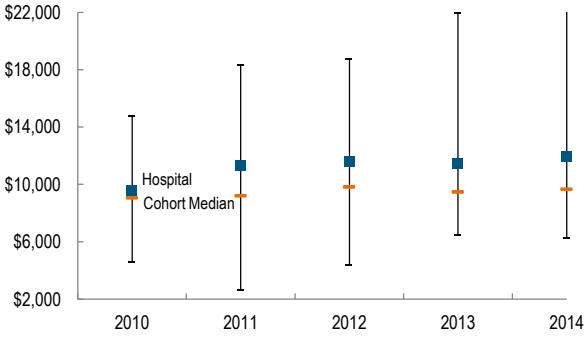


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

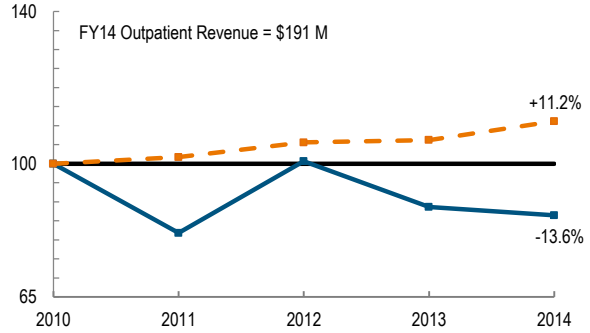


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



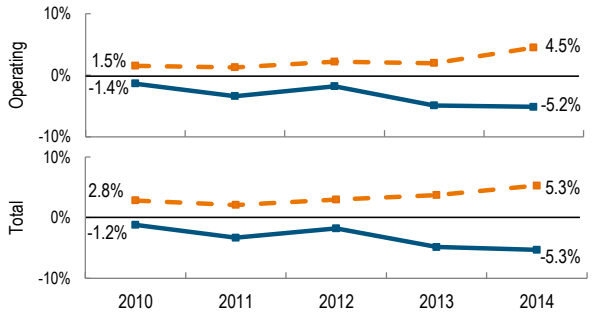
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 426	$ 423	$ 447	$ 417	$ 417
Non-Operating Revenue	$ 1	$ 0	$ 0	$ 0	$ (1)
Total Revenue	$ 427	$ 423	$ 447	$ 417	$ 416
Total Costs	$ 432	$ 438	$ 455	$ 437	$ 438
Total Profit (Loss)	$ (5.2)	$ (14.1)	$ (8.0)	$ (20.3)	$ (22.2)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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QUINCY MEDICAL CENTER

2014 Hospital Profile

Quincy, MA
Community, Disproportionate Share Hospital
Metro South

Quincy Medical Center closed at the end of 2014, but this profile contains full FY14 data for Quincy Medical Center. Quincy Medical Center was a for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It was among the smaller acute hospitals in Massachusetts and a member of Steward Health Care System.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2011
Total Staffed Beds:	90, among the smaller acute hospitals
% Occupancy:	71.9%, > cohort avg. (65%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.86, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,883
Inpatient NPSR per CMAD:	$10,139
Change FY13-FY14:	-1.7%
Inpatient:Outpatient Revenue in FY14:	41%:59%
Outpatient Revenue in FY14:	$32,144,691
Change FY13-FY14:	-5.7%
Total Revenue in FY14:	$68,554,166
Total Surplus (Loss) in FY14:	($39,096,126)

Payer Mix

Public Payer Mix:	74.7% (DSH* Hospital)
CY14 Commercial Payer Price Level:	20th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

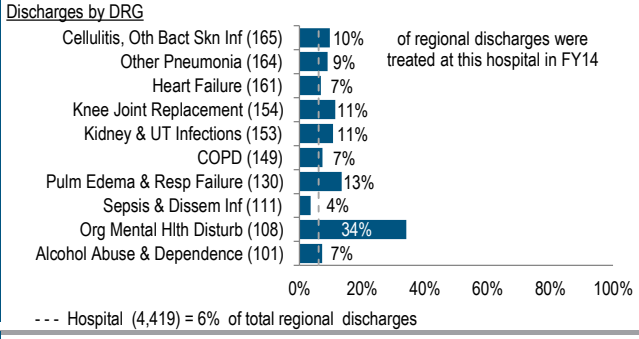
Inpatient Discharges in FY14:	4,419
Change FY13-FY14:	-8.0%
Emergency Department Visits in FY14:	32,521
Change FY13-FY14:	-9.3%
Outpatient Visits in FY14:	46,899
Change FY13-FY14:	-15.0%

Quality

Readmission Rate in FY13:	14.8%
Change FY11-FY13 (percentage points):	-2.1%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

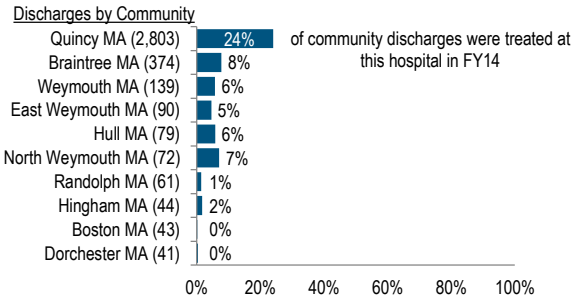
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



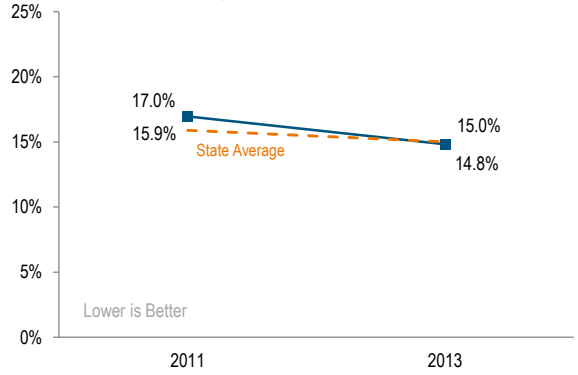
- - - Hospital (4,419) = 6% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

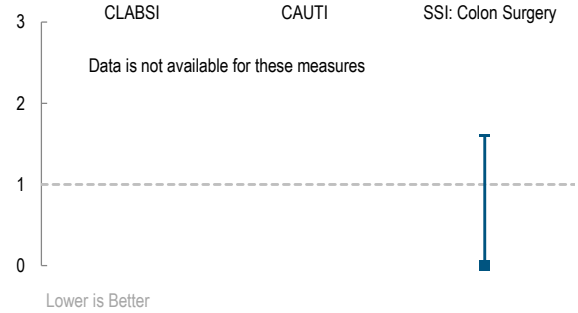


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

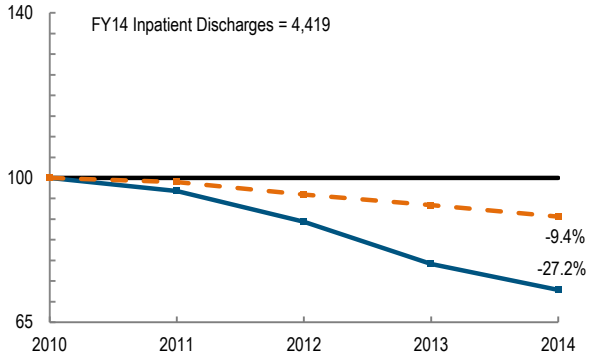
2014 HOSPITAL PROFILE: QUINCY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

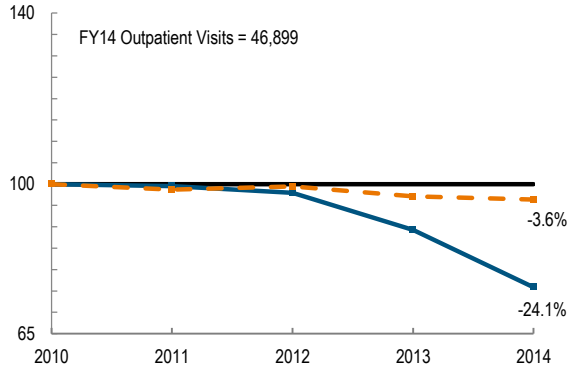
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

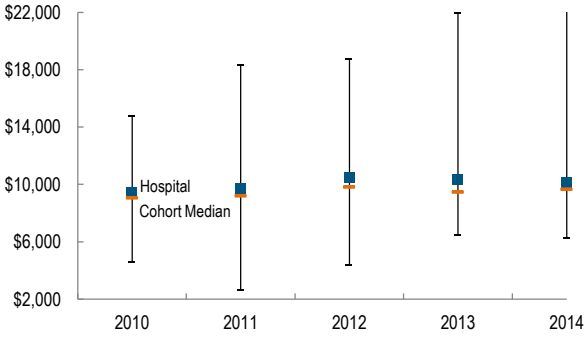


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

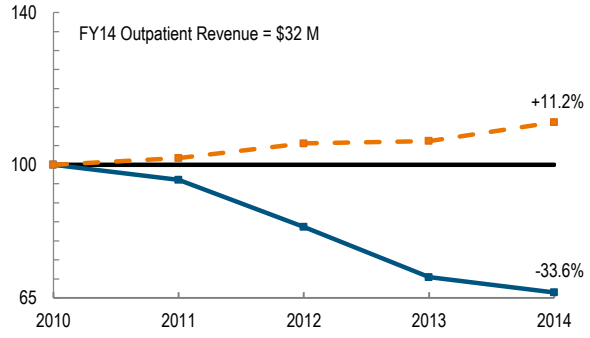


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



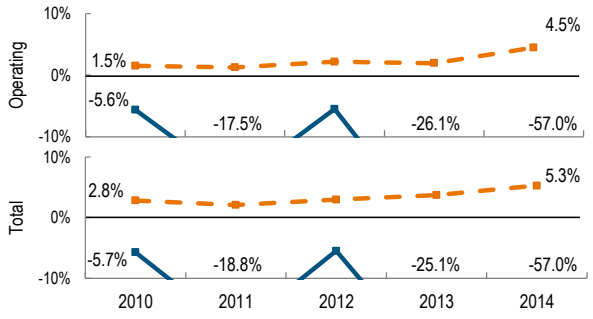
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 104	$ 100	$ 99	$ 78	$ 69
Non-Operating Revenue	$ (0)	$ (1)	$ -	$ 1	$ 0
Total Revenue	$ 104	$ 99	$ 99	$ 79	$ 69
Total Costs	$ 109	$ 117	$ 104	$ 98	$ 108
Total Profit (Loss)	$ (5.9)	$ (18.5)	$ (5.4)	$ (19.7)	$ (39.1)

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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SIGNATURE HEALTHCARE BROCKTON HOSPITAL

2014 Hospital Profile

Brockton, MA
Community, Disproportionate Share Hospital
Metro South

Signature Healthcare Brockton Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It is among the larger acute hospitals in Massachusetts. The hospital experienced a 14.7% decrease in inpatient discharges from FY10 to FY14, compared to a median decrease of 9.4% among peer cohort hospitals. Signature Healthcare Brockton Hospital was profitable each year from FY10 to FY14, with a total margin of 10.4% in FY14, higher than the 5.3% median total margin of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	245, among the larger acute hospitals
% Occupancy:	60.7%, < cohort avg. (66%)
Special Public Funding:	CHART^, DSTI[η]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.86, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$8,806
Inpatient NPSR per CMAD:	$10,276
Change FY13-FY14:	-3.9%
Inpatient:Outpatient Revenue in FY14:	37%:63%
Outpatient Revenue in FY14:	$116,424,310
Change FY13-FY14:	16.8%
Total Revenue in FY14:	$245,853,569
Total Surplus (Loss) in FY14:	$25,655,699

Payer Mix

Public Payer Mix:	72.0% (DSH* Hospital)
CY14 Commercial Payer Price Level:	42nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

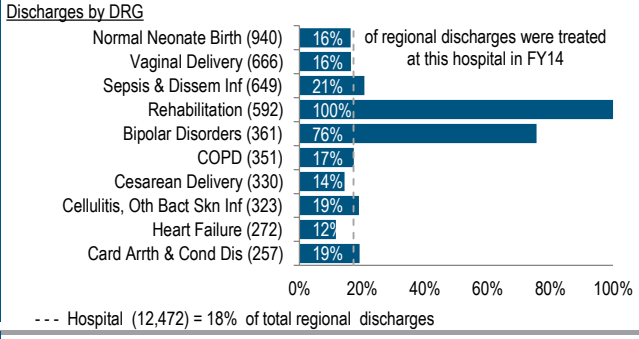
Inpatient Discharges in FY14:	12,472
Change FY13-FY14:	-4.0%
Emergency Department Visits in FY14:	62,643
Change FY13-FY14:	4.1%
Outpatient Visits in FY14:	105,633
Change FY13-FY14:	6.7%

Quality

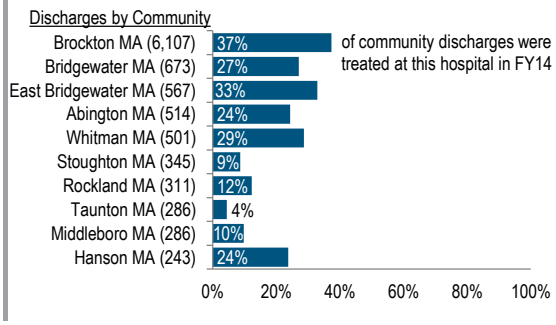
Readmission Rate in FY13:	17.5%
Change FY11-FY13 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

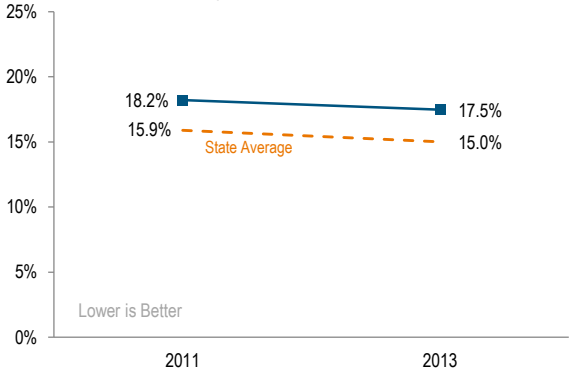


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

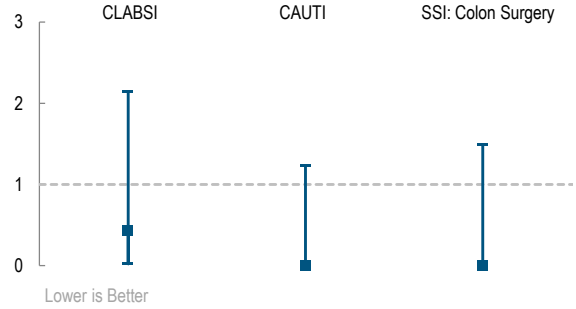


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

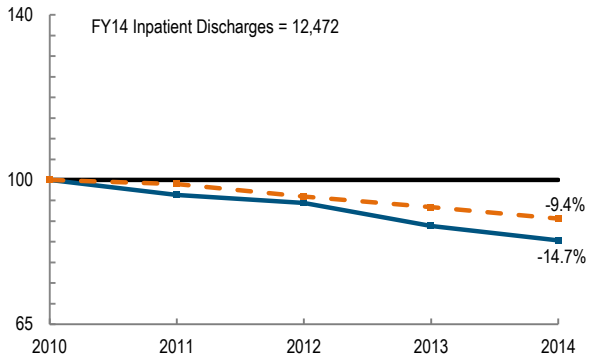
2014 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

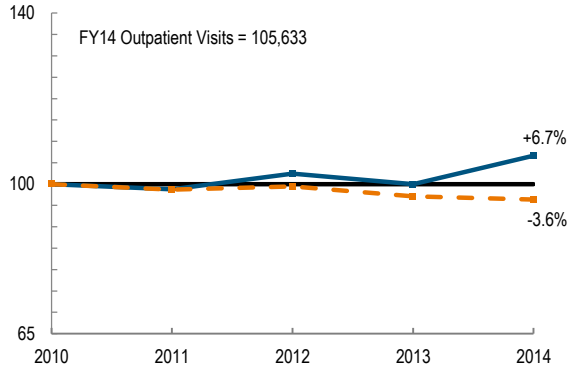
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

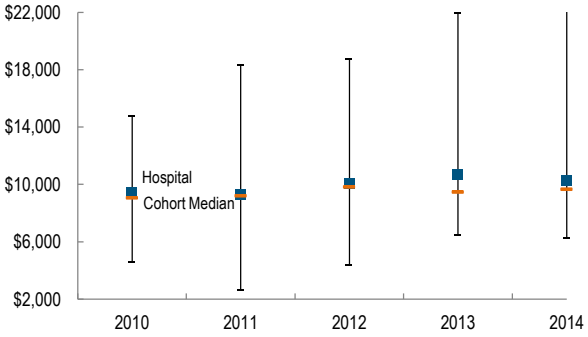


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

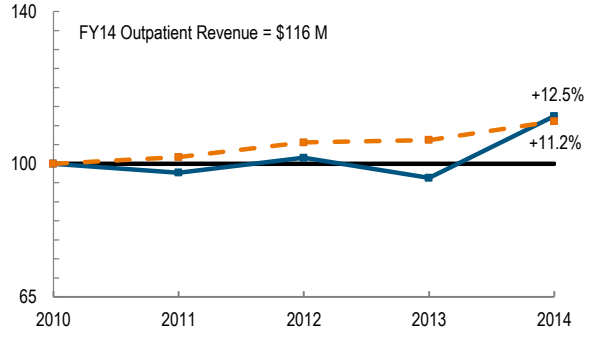


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



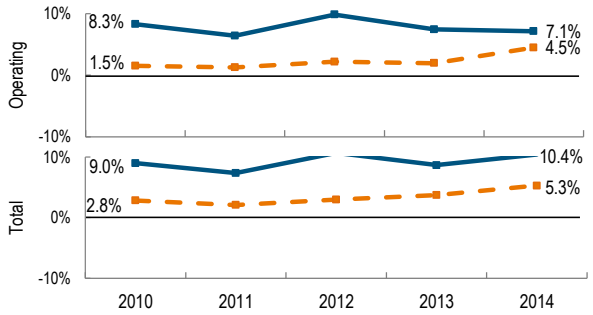
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 218	$ 218	$ 238	$ 224	$ 238
Non-Operating Revenue	$ 1	$ 2	$ 2	$ 3	$ 8
Total Revenue	$ 219	$ 220	$ 240	$ 227	$ 246
Total Costs	$ 200	$ 204	$ 214	$ 207	$ 220
Total Profit (Loss)	$ 19.7	$ 16.1	$ 25.6	$ 19.6	$ 25.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[η] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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SOUTHCOAST HOSPITALS GROUP

2014 Hospital Profile

Fall River, New Bedford, & Wareham, MA
Community, Disproportionate Share Hospital
Southcoast

Southcoast Hospitals Group is a large, non-profit community-Disproportionate Share Hospital (DSH) group located in the Southcoast region. Southcoast Hospitals Group has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital campuses. Southcoast Hospitals Group formed an affiliation with Boston Children's Hospital starting in 2012. Southcoast Hospitals Group was profitable each year from FY10 to FY14, with a total margin of 7.2% in FY14, its highest in the five-year period, compared to the median 5.3% total margin in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	529, 6th largest acute hospital
% Occupancy:	89.9%, > cohort avg. (66%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[‡] Cost per Discharge:	$9,328
Inpatient NPSR per CMAD:	$10,193
Change FY13-FY14:	-2.9%
Inpatient:Outpatient Revenue in FY14:	44%:56%
Outpatient Revenue in FY14:	$344,566,436
Change FY13-FY14:	5.2%
Total Revenue in FY14:	$745,651,811
Total Surplus (Loss) in FY14:	$53,552,206

Payer Mix

Public Payer Mix:	72.6% (DSH* Hospital)
CY14 Commercial Payer Price Level:	53rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

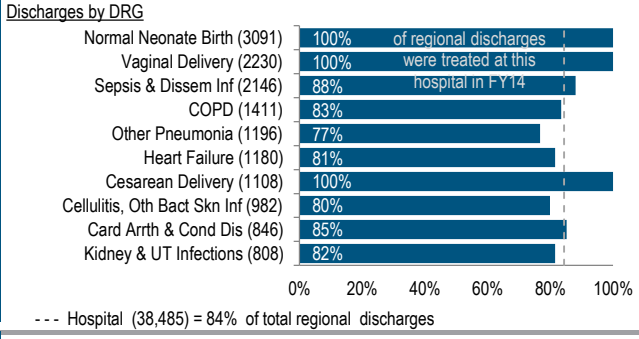
Inpatient Discharges in FY14:	38,485
Change FY13-FY14:	-4.5%
Emergency Department Visits in FY14:	156,391
Change FY13-FY14:	0.7%
Outpatient Visits in FY14:	896,498
Change FY13-FY14:	0.2%

Quality

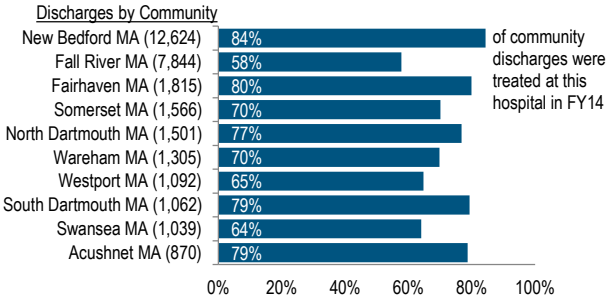
Readmission Rate in FY13:	16.7%
Change FY11-FY13 (percentage points):	-0.8%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

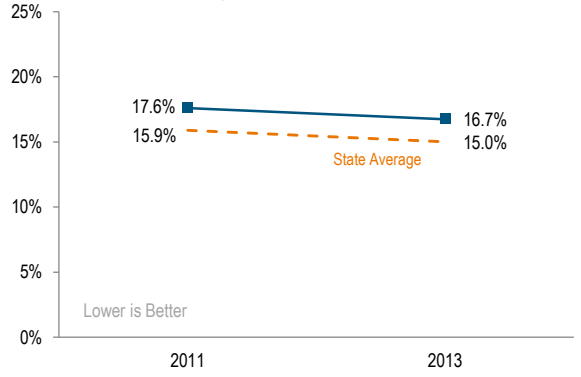


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

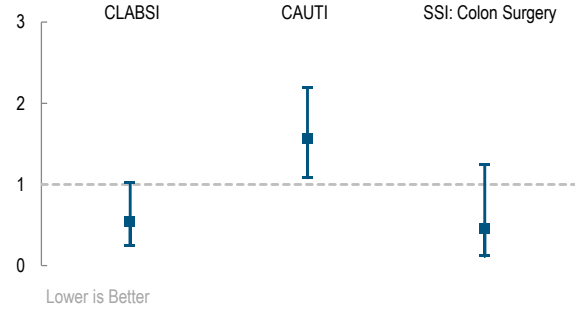


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

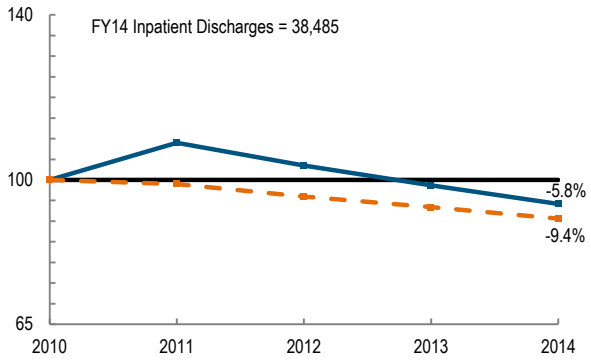
2014 HOSPITAL PROFILE: SOUTHCOAST HOSPITALS GROUP

Cohort: Community, Disproportionate Share Hospital

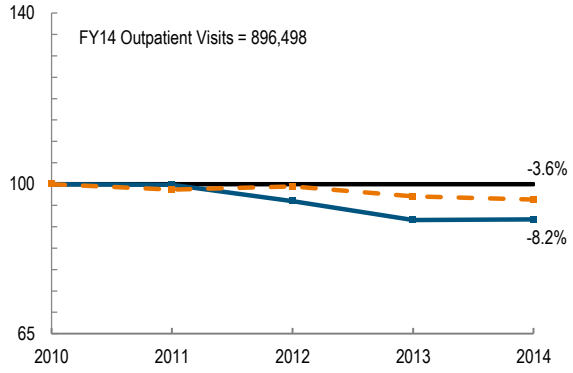
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

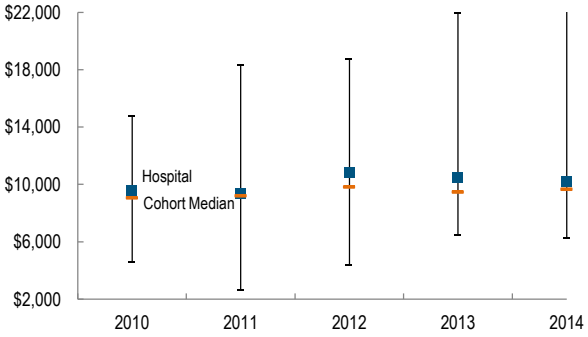


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

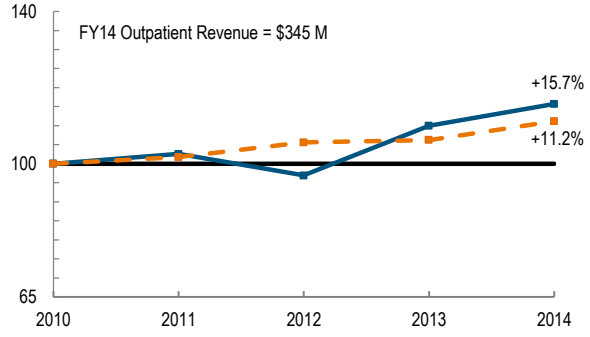


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



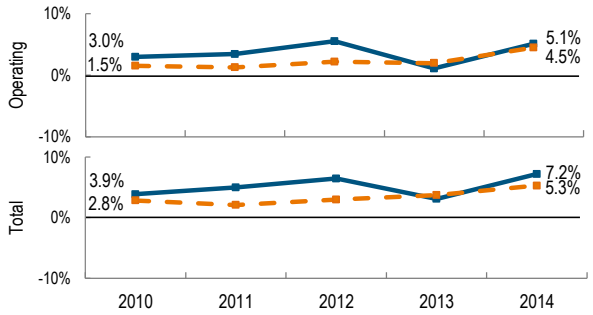
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 643	$ 672	$ 703	$ 712	$ 730
Non-Operating Revenue	$ 6	$ 11	$ 7	$ 14	$ 15
Total Revenue	$ 649	$ 682	$ 710	$ 726	$ 746
Total Costs	$ 624	$ 648	$ 664	$ 704	$ 692
Total Profit (Loss)	$ 25.0	$ 34.0	$ 45.7	$ 22.4	$ 53.6

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD GOOD SAMARITAN MEDICAL CENTER

2014 Hospital Profile

Brockton, MA
Community, Disproportionate Share Hospital
Metro South

Steward Good Samaritan Medical Center is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It is a member of Steward Health Care System. Steward Good Samaritan had 6.1% more inpatient discharges in FY14 than in FY10, compared with a median decrease of 9.4% among peer cohort hospitals. While outpatient visits decreased 0.9% at the hospital between FY10 and FY14, outpatient revenue grew 33.6% in that period. Steward Good Samaritan earned a profit each year in the five-year period except in FY12. It earned its highest total in FY14 at 8.0%, above the 5.3% median total margin in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	205, mid-size acute hospital
% Occupancy:	95.1%, > cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.83, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,624
Inpatient NPSR per CMAD:	$9,456
Change FY13-FY14:	-3.6%
Inpatient:Outpatient Revenue in FY14:	43%:57%
Outpatient Revenue in FY14:	$101,834,087
Change FY13-FY14:	17.8%
Total Revenue in FY14:	$247,029,507
Total Surplus (Loss) in FY14:	$19,823,479

Payer Mix

Public Payer Mix:	68.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	53rd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

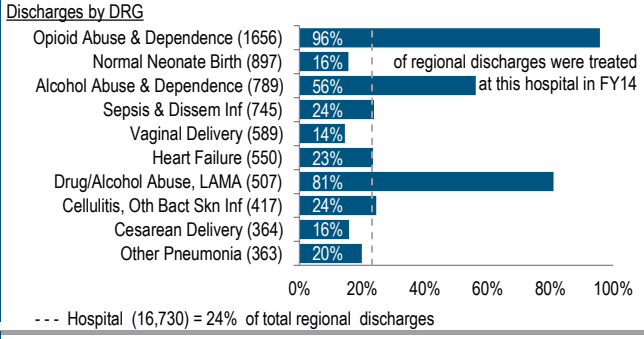
Inpatient Discharges in FY14:	16,730
Change FY13-FY14:	1.2%
Emergency Department Visits in FY14:	55,934
Change FY13-FY14:	13.7%
Outpatient Visits in FY14:	75,809
Change FY13-FY14:	13.3%

Quality

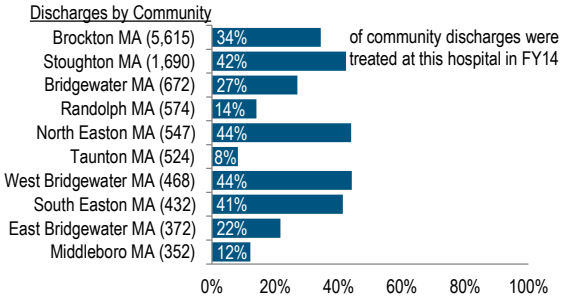
Readmission Rate in FY13:	15.3%
Change FY11-FY13 (percentage points):	-1.7%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

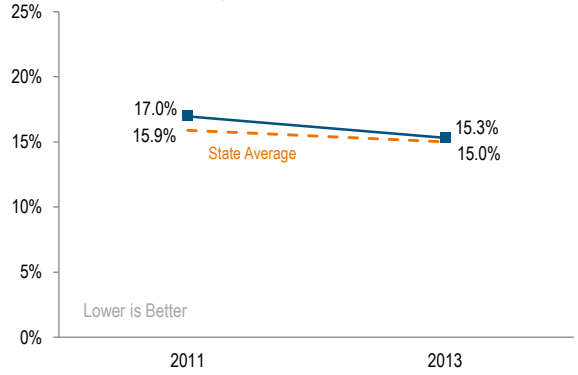


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

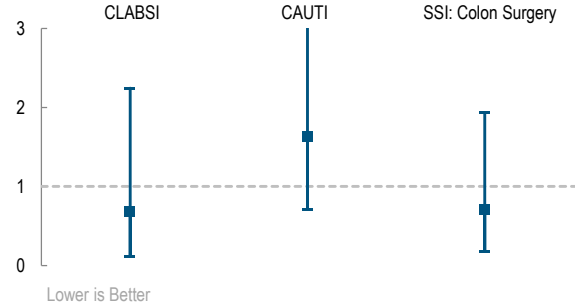


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

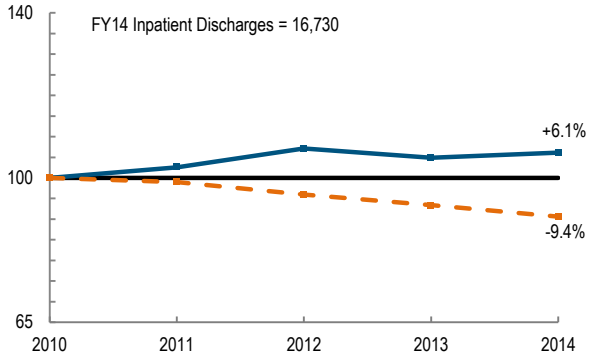
2014 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

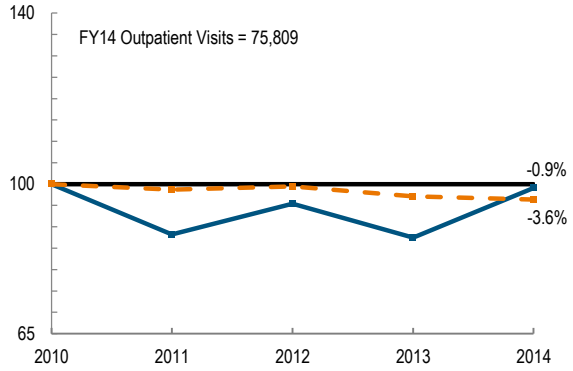
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

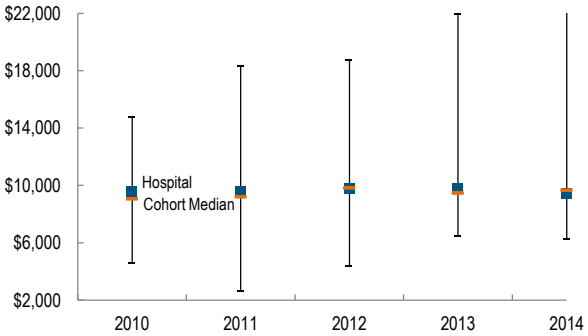


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

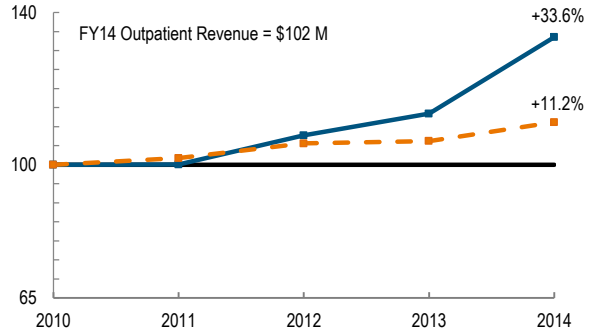


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



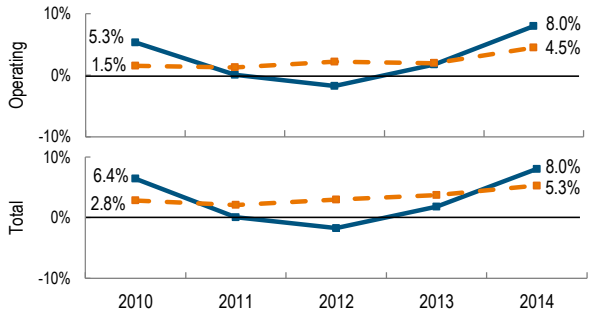
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 196	$ 183	$ 225	$ 234	$ 247
Non-Operating Revenue	$ 2	$ 0	$ 0	$ 0	$ 0
Total Revenue	$ 199	$ 183	$ 225	$ 234	$ 247
Total Costs	$ 186	$ 183	$ 229	$ 230	$ 227
Total Profit (Loss)	$ 12.7	$ 0.1	$ (4.0)	$ 4.2	$ 19.8

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD HOLY FAMILY HOSPITAL

2014 Hospital Profile

Methuen, MA
Community, Disproportionate Share Hospital
Northeastern Massachusetts

Steward Holy Family Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital, operating under Holy Family's license as Holy Family Hospital at Merrimack Valley. All of the utilization information in this hospital profile includes one month of Merrimack Valley Hospital data in FY14, as the two campuses merged. Holy Family was profitable three of the five years, and had a total margin of 5.3% in FY14, consistent with the median of cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	189, mid-size acute hospital
% Occupancy:	71.4%, > cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.89, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$8,785
Inpatient NPSR per CMAD:	$9,343
Change FY13-FY14:	-0.9%
Inpatient:Outpatient Revenue in FY14:	37%:63%
Outpatient Revenue in FY14:	$91,680,253
Change FY13-FY14:	10.3%
Total Revenue in FY14:	$201,945,976
Total Surplus (Loss) in FY14:	$10,734,190

Payer Mix

Public Payer Mix:	67.2% (DSH* Hospital)
CY14 Commercial Payer Price Level:	36th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Tufts Associated Health Maintenance Org.
	Harvard Pilgrim Health Care

Utilization

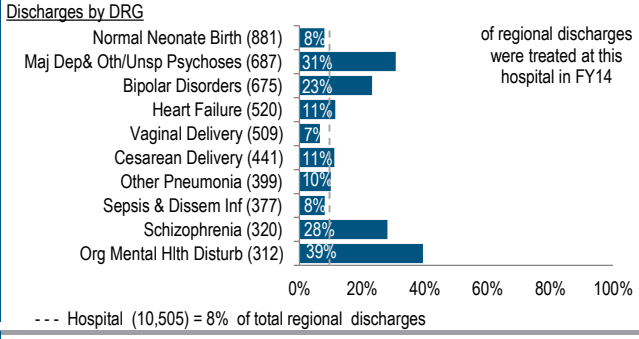
Inpatient Discharges in FY14:	10,505
Change FY13-FY14:	-3.7%
Emergency Department Visits in FY14:	46,777
Change FY13-FY14:	12.7%
Outpatient Visits in FY14:	90,985
Change FY13-FY14:	6.6%

Quality

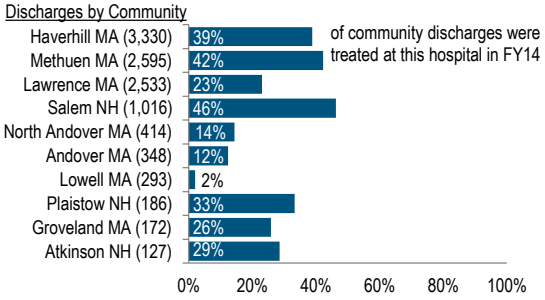
Readmission Rate in FY13:	13.6%
Change FY11-FY13 (percentage points):	-1.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	3.3%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

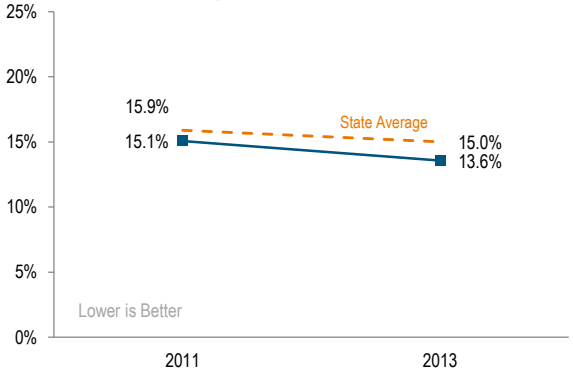


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

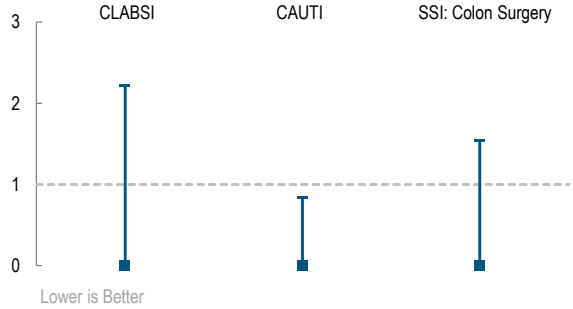


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

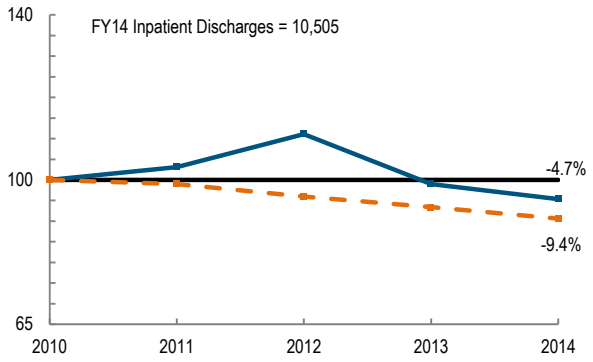
2014 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

Cohort: Community, Disproportionate Share Hospital

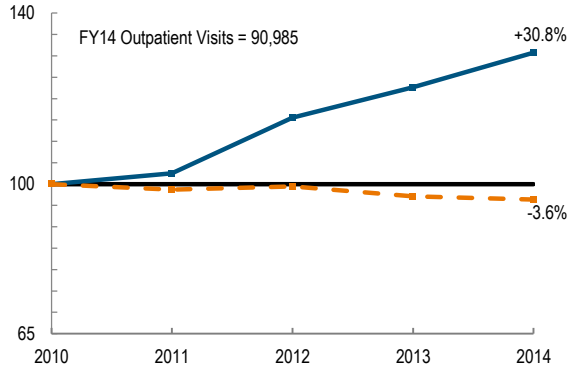
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

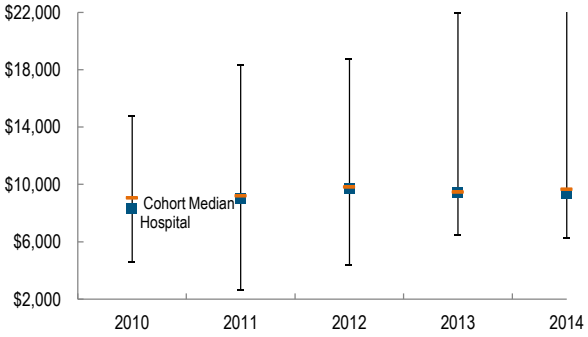


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

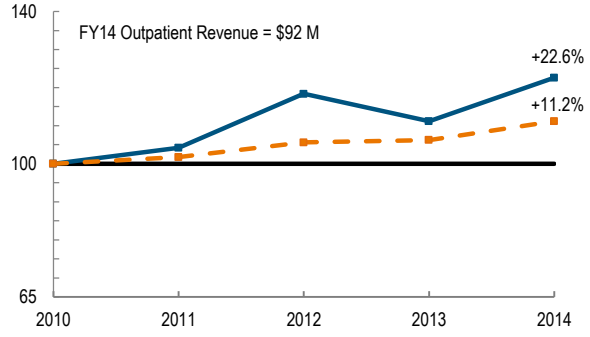


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



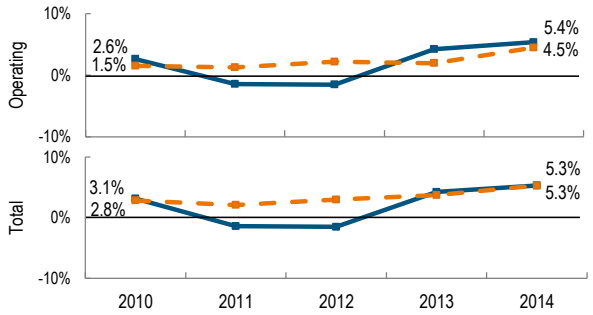
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 153	$ 154	$ 188	$ 182	$ 202
Non-Operating Revenue	$ 1	$ 0	$ 0	$ (0)	$ (0)
Total Revenue	$ 154	$ 154	$ 188	$ 182	$ 202
Total Costs	$ 149	$ 156	$ 191	$ 174	$ 191
Total Profit (Loss)	$ 4.8	$ (2.2)	$ (2.9)	$ 7.7	$ 10.7

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD NORWOOD HOSPITAL

2014 Hospital Profile

Norwood, MA
Community, Disproportionate Share Hospital
Metro West

Steward Norwood Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. It did not qualify for DSH status in FY13, and was a member of the community hospital cohort. Steward Norwood Hospital is a member of Steward Health Care System. The hospital had 16.0% fewer inpatient discharges in FY14 than in FY10, compared with a median decrease of 9.4% in its cohort. It had 16.7% more outpatient visits in FY14 than in FY10, compared with a median decrease of 3.6% among peer cohort hospitals. Steward Norwood Hospital was profitable three of the five years in the FY10 to FY14 period, with a 5.3% total margin in FY14, consistent with the median performance of its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	177, mid-size acute hospital
% Occupancy:	85.7%, > cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$9,223
Inpatient NPSR per CMAD:	$8,888
Change FY13-FY14:	3.8%
Inpatient:Outpatient Revenue in FY14:	41%:59%
Outpatient Revenue in FY14:	$77,592,671
Change FY13-FY14:	3.4%
Total Revenue in FY14:	$173,890,394
Total Surplus (Loss) in FY14:	$9,157,089

Payer Mix

Public Payer Mix:	63.9% (DSH* Hospital)
CY14 Commercial Payer Price Level:	46th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

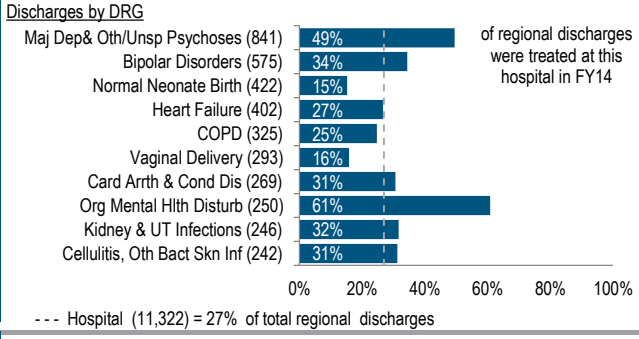
Inpatient Discharges in FY14:	11,322
Change FY13-FY14:	-3.6%
Emergency Department Visits in FY14:	41,360
Change FY13-FY14:	-4.5%
Outpatient Visits in FY14:	56,069
Change FY13-FY14:	-2.0%

Quality

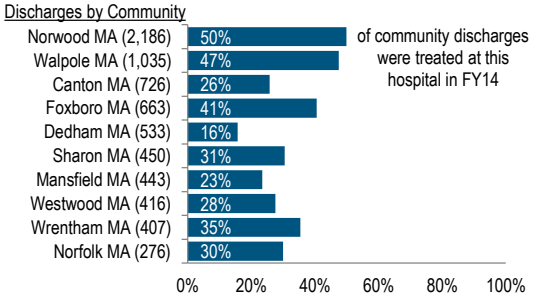
Readmission Rate in FY13:	14.5%
Change FY11-FY13 (percentage points):	-1.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	6.5%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

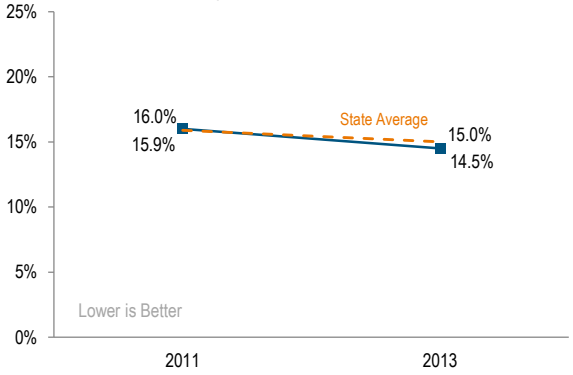


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

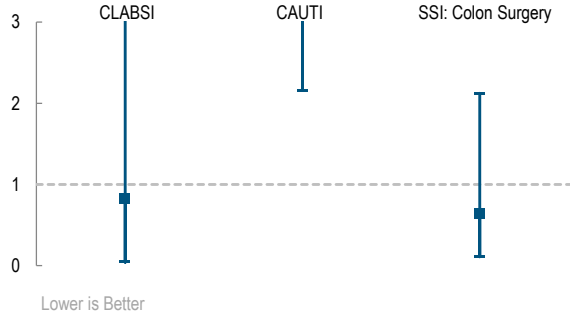


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

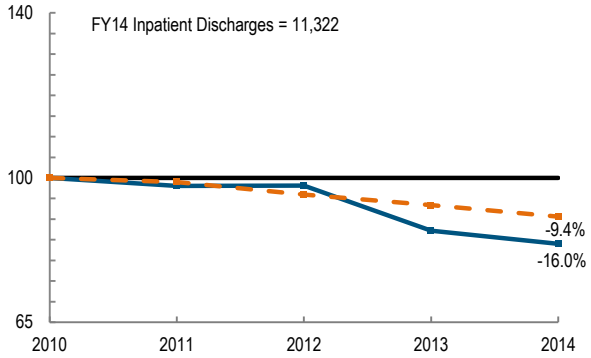
2014 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

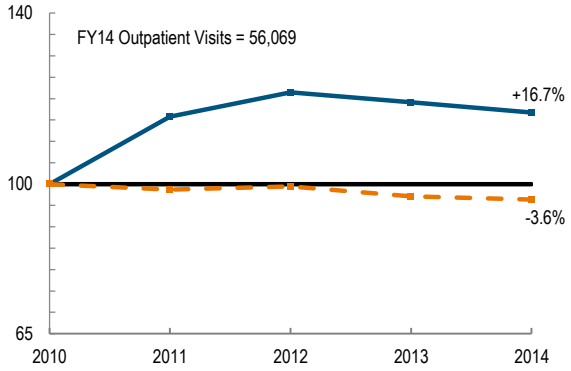
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

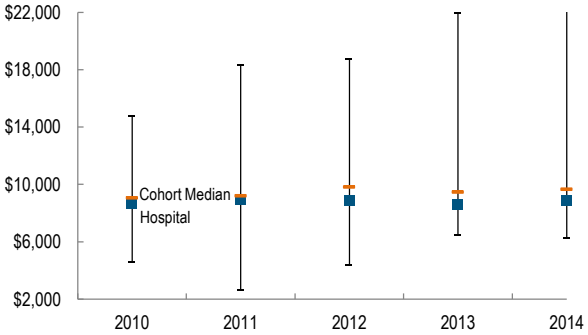


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

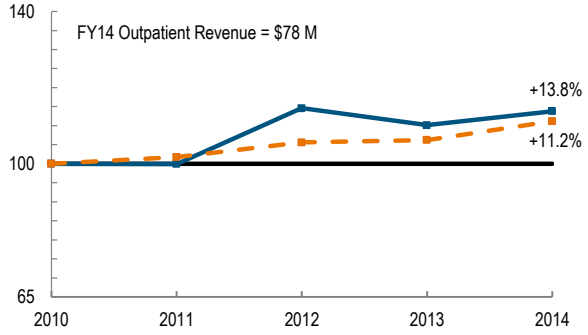


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



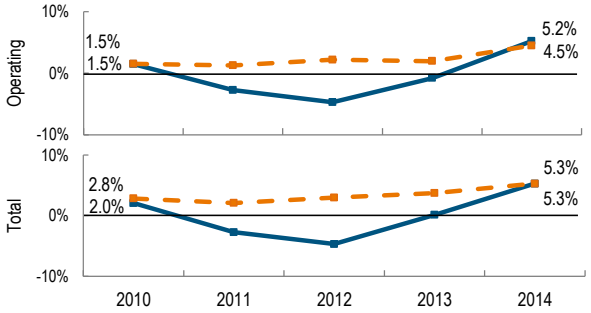
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 168	$ 156	$ 181	$ 169	$ 174
Non-Operating Revenue	$ 1	$ 0	$ 0	$ 2	$ 0
Total Revenue	$ 169	$ 156	$ 181	$ 170	$ 174
Total Costs	$ 166	$ 160	$ 189	$ 170	$ 165
Total Profit (Loss)	$ 3.4	$ (4.3)	$ (8.5)	$ 0.2	$ 9.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[θ] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

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STEWARD SAINT ANNE'S HOSPITAL

2014 Hospital Profile

Fall River, MA
Community, Disproportionate Share Hospital
Southcoast

Steward Saint Anne's Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Southcoast region. Steward Saint Anne's is a member of Steward Health Care System. While it treated 16% of total discharges in the Southcoast region, it treated half of all knee joint replacement cases and over one third of all hip joint replacement cases in the region. Outpatient visits at Steward Saint Anne's decreased by 14.8%, while outpatient revenue increased by 59.4% in the FY10 to FY14 period. Steward Saint Anne's was profitable each year in the five-year period, with a 10.5% total margin in FY14, higher than the median total margin of cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	125, mid-size acute hospital
% Occupancy:	78.6%, > cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.97, > cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,983
Inpatient NPSR per CMAD:	$10,612
Change FY13-FY14:	-1.8%
Inpatient:Outpatient Revenue in FY14:	22%:78%
Outpatient Revenue in FY14:	$146,199,594
Change FY13-FY14:	15.5%
Total Revenue in FY14:	$234,315,346
Total Surplus (Loss) in FY14:	$24,557,344

Payer Mix

Public Payer Mix:	69.4% (DSH* Hospital)
CY14 Commercial Payer Price Level:	65th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

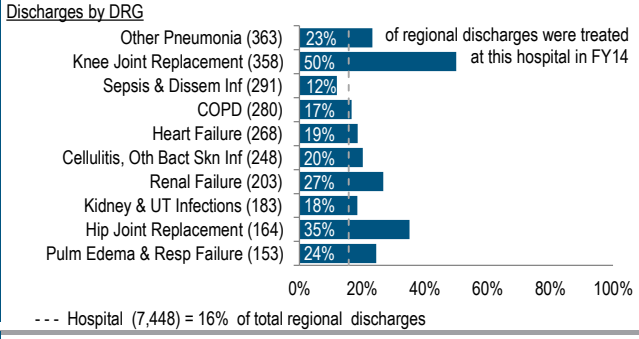
Inpatient Discharges in FY14:	7,448
Change FY13-FY14:	4.9%
Emergency Department Visits in FY14:	45,404
Change FY13-FY14:	4.4%
Outpatient Visits in FY14:	172,765
Change FY13-FY14:	6.7%

Quality

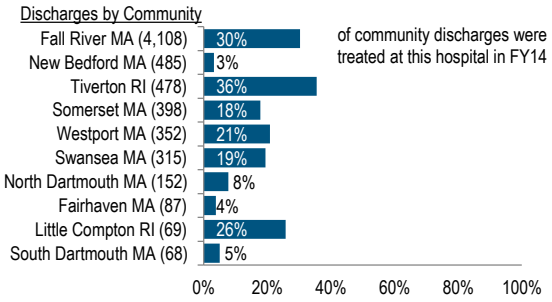
Readmission Rate in FY13:	18.1%
Change FY11-FY13 (percentage points):	-1.9%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

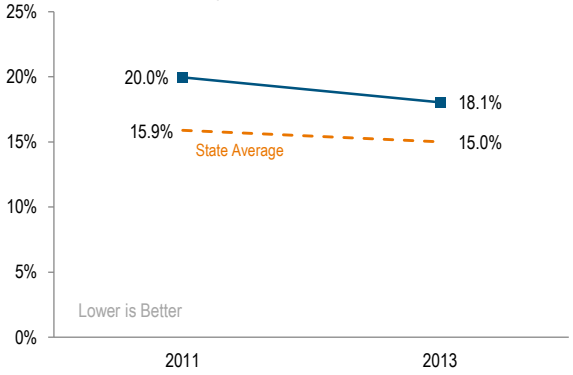


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

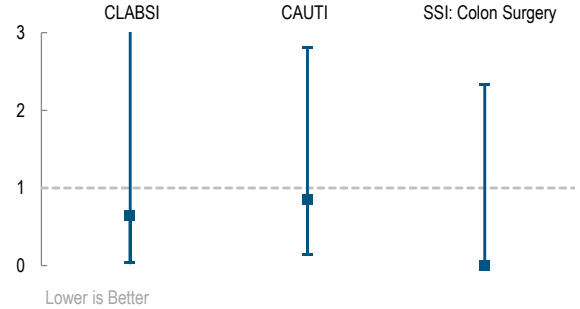


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

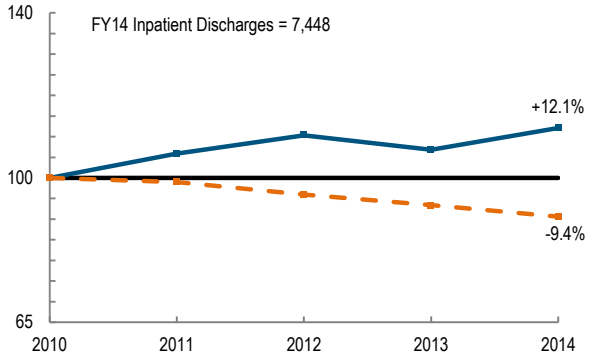
2014 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

Cohort: Community, Disproportionate Share Hospital

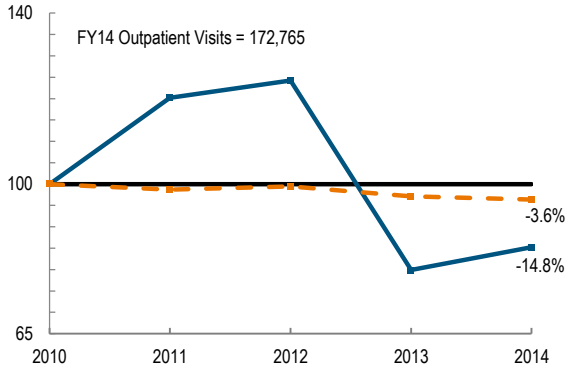
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

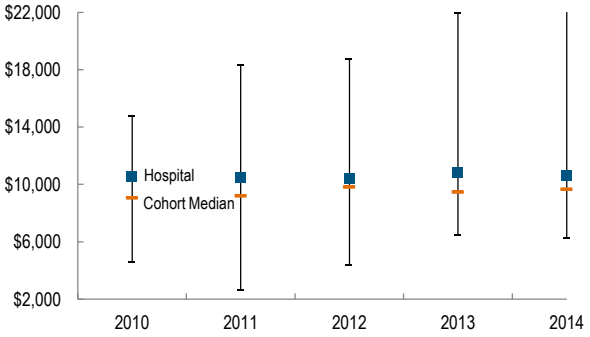


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

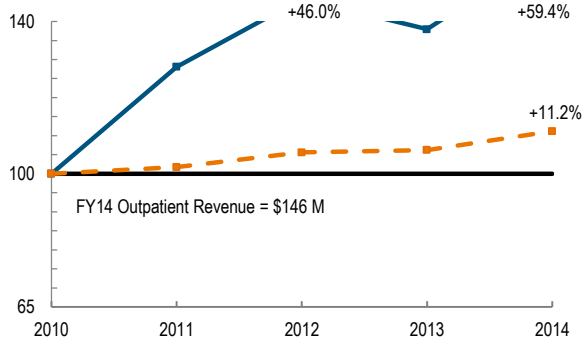


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



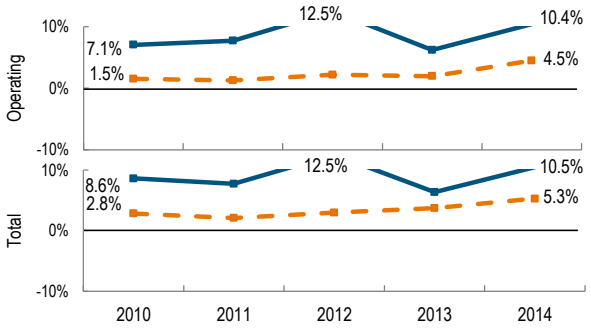
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 151	$ 164	$ 202	$ 208	$ 234
Non-Operating Revenue	$ 2	$ -	$ -	$ 0	$ 0
Total Revenue	$ 153	$ 164	$ 202	$ 208	$ 234
Total Costs	$ 140	$ 151	$ 177	$ 195	$ 210
Total Profit (Loss)	$ 13.2	$ 12.7	$ 25.4	$ 13.2	$ 24.6

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

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STURDY MEMORIAL HOSPITAL

2014 Hospital Profile

Attleboro, MA
Community, Disproportionate Share Hospital
Metro West

Sturdy Memorial Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. Inpatient discharges at Sturdy decreased 7.8% between FY10 and FY14, compared to a median decrease of 9.4% among peer cohort hospitals. Likewise, outpatient visits decreased 0.3% at the hospital over the FY10 to FY14 period, compared with a median 3.6% decrease in its cohort. Sturdy was profitable from FY10 to FY14, and had a total margin of 17.3% in FY14, the highest in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	149, mid-size acute hospital
% Occupancy:	50.1%, < cohort avg. (66%)
Special Public Funding:	ICB[θ]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.82, < cohort avg. (0.85); < statewide (1.00)

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,296
Inpatient NPSR per CMAD:	$8,888
Change FY13-FY14:	3.1%
Inpatient:Outpatient Revenue in FY14:	29%:71%
Outpatient Revenue in FY14:	$109,018,198
Change FY13-FY14:	2.4%
Total Revenue in FY14:	$180,800,778
Total Surplus (Loss) in FY14:	$31,212,306

Payer Mix

Public Payer Mix:	65.0% (DSH* Hospital)
CY14 Commercial Payer Price Level:	56th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

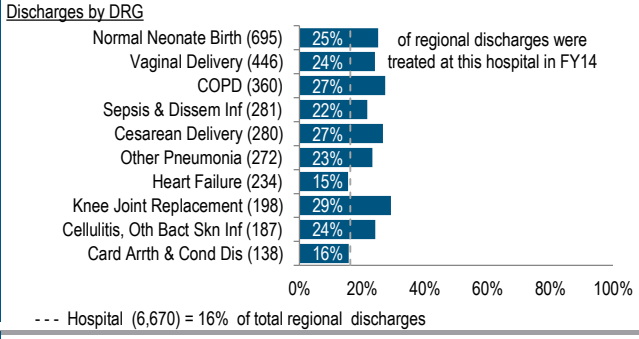
Inpatient Discharges in FY14:	6,670
Change FY13-FY14:	-0.3%
Emergency Department Visits in FY14:	51,551
Change FY13-FY14:	0.4%
Outpatient Visits in FY14:	114,215
Change FY13-FY14:	-1.0%

Quality

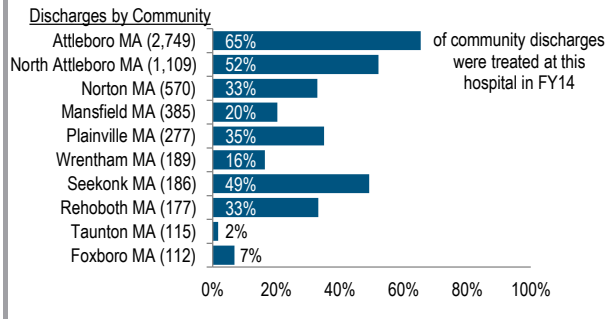
Readmission Rate in FY13:	13.0%
Change FY11-FY13 (percentage points):	-0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	4.4%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

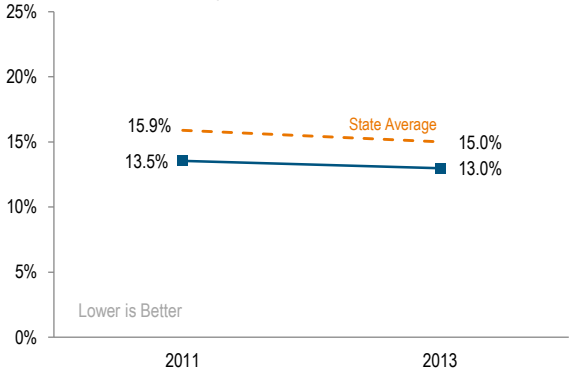


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

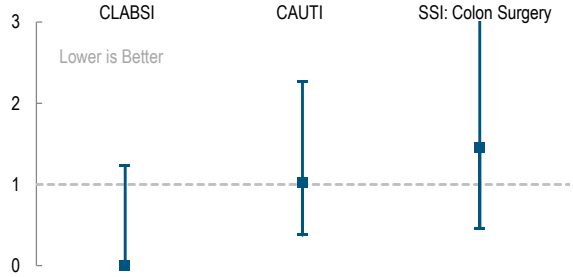


Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

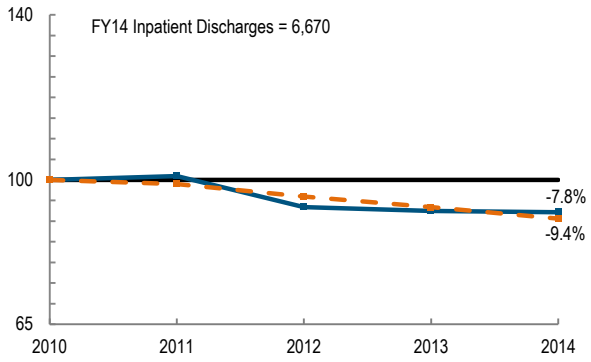
2014 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

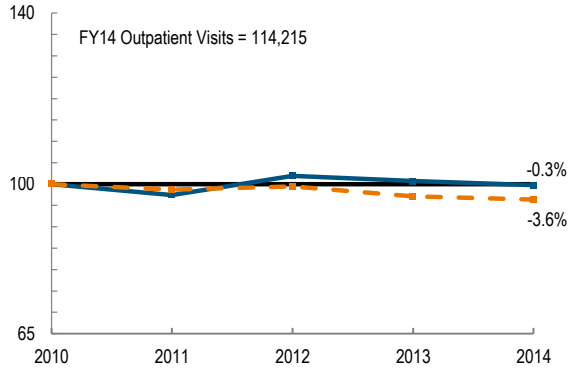
Key:
Hospital
Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

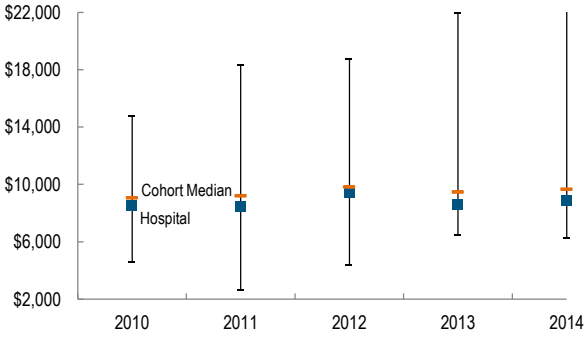


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

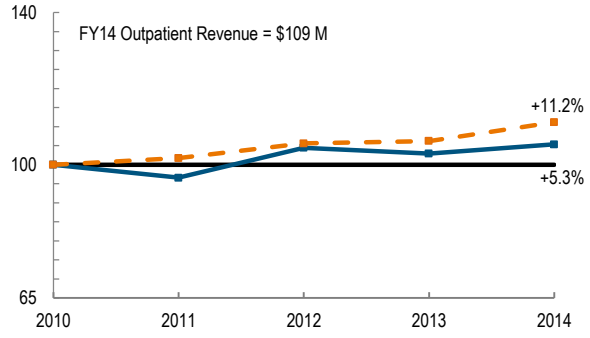


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



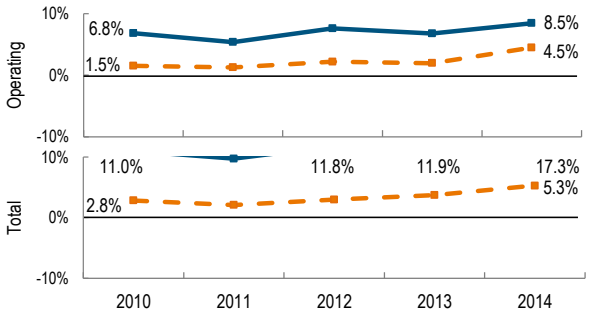
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 160	$ 157	$ 166	$ 162	$ 165
Non-Operating Revenue	$ 7	$ 7	$ 7	$ 9	$ 16
Total Revenue	$ 167	$ 164	$ 174	$ 170	$ 181
Total Costs	$ 148	$ 148	$ 153	$ 150	$ 150
Total Profit (Loss)	$ 18.3	$ 15.9	$ 20.5	$ 20.2	$ 31.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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BOSTON CHILDREN'S HOSPITAL

2014 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

Boston Children's Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children's is a teaching hospital for Harvard Medical School, and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of eight organ transplant centers in Massachusetts. It earned a profit each year from FY10 to FY14. While the operating margin remained roughly the same between FY10 and FY14, the total margin decreased from 5.6% to 3.7%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	389, among the larger acute hospitals
% Occupancy:	78.2%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Pedi: Level 1
Case Mix Index:	1.93

Financial

Adjusted[Ŧ] Cost per Discharge:	$16,214
Inpatient NPSR per CMAD:	$20,860
Change FY13-FY14:	10.2%
Inpatient:Outpatient Revenue in FY14:	54%:46%
Outpatient Revenue in FY14:	$454,035,438
Change FY13-FY14:	0.9%
Total Revenue in FY14:	$1,380,968,000
Total Surplus (Loss) in FY14:	$51,183,000

Payer Mix

Public Payer Mix:	35.7% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	91st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

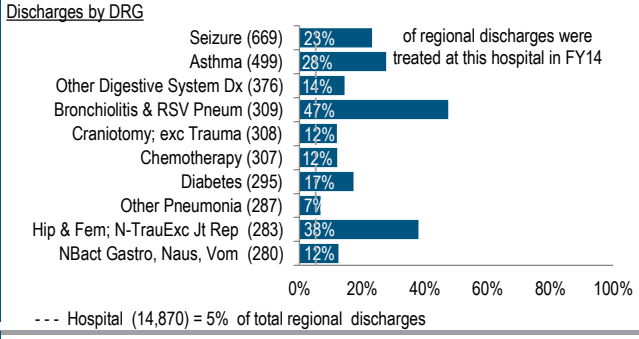
Inpatient Discharges in FY14:	14,870
Change FY13-FY14:	-2.0%
Emergency Department Visits in FY14:	56,707
Change FY13-FY14:	-3.2%
Outpatient Visits in FY14:	237,681
Change FY13-FY14:	-7.4%

Quality

Readmission Rate in FY13:	Not Available
Change FY11-FY13 (percentage points):	-
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

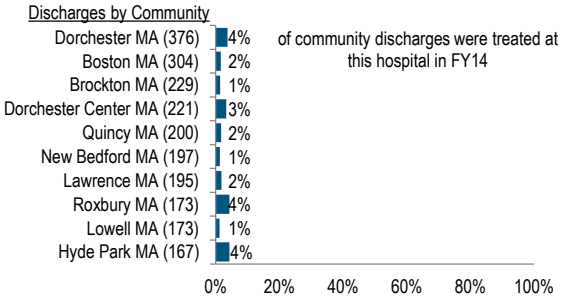
Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



- - - Hospital (14,870) = 5% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

Data for this measure is not available for the patient population at this specialty hospital.

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

For descriptions of the metrics, please see the technical appendix.

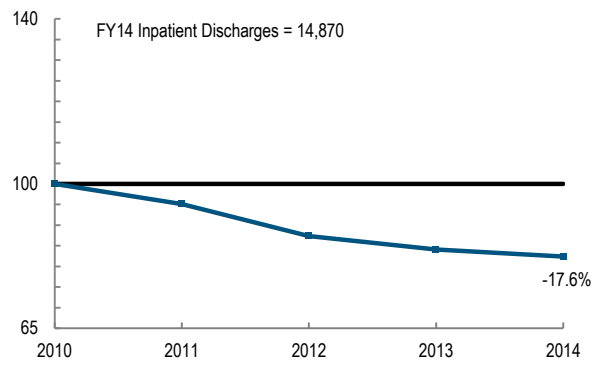
2014 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

Cohort: N/A - Specialty Hospital

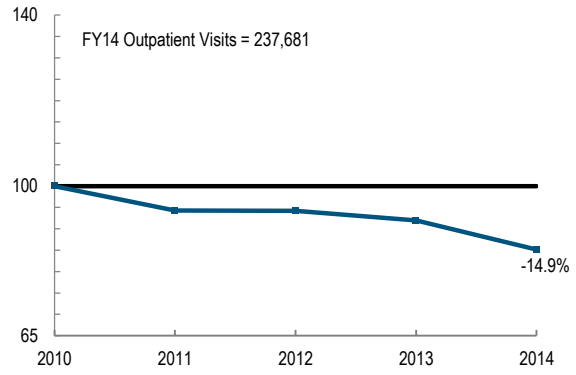
Key:
Hospital
No Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10? (FY10=100)

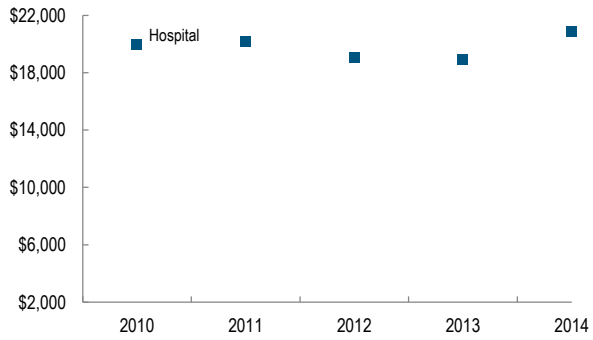


How has the volume of the hospital's outpatient visits changed compared to FY10? (FY10=100)

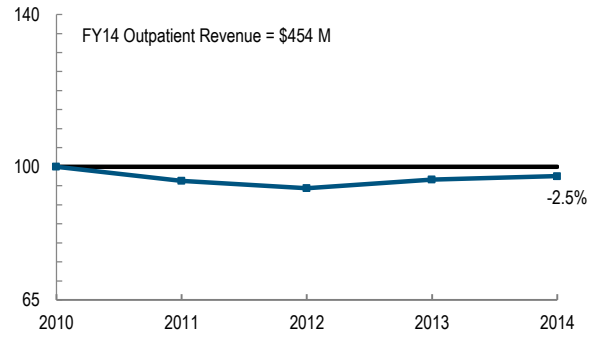


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14?



How has the hospital's total outpatient revenue changed compared to FY10? (FY10=100)



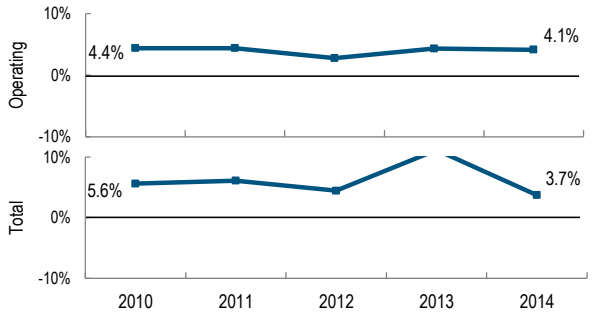
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 1,306	$ 1,326	$ 1,296	$ 1,322	$ 1,387
Non-Operating Revenue	$ 16	$ 23	$ 22	$ 97	$ (6)
Total Revenue	$ 1,322	$ 1,349	$ 1,318	$ 1,418	$ 1,381
Total Costs	$ 1,248	$ 1,267	$ 1,259	$ 1,260	$ 1,330
Total Profit (Loss)	$ 74.1	$ 82.1	$ 58.4	$ 157.7	$ 51.2

What were the hospital's total margin and operating margins between FY10 and FY14?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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DANA-FARBER CANCER INSTITUTE

2014 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

Dana-Farber Cancer Institute is a non-profit specialty hospital dedicated to pediatric and adult cancer treatment and research, primarily in an outpatient setting, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School and collaborates with a variety of hospitals and research institutions, including the Dana-Farber/Brigham and Women's Cancer Center, Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Dana-Farber/Partners Cancer Center, and Dana-Farber/Harvard Cancer Center. It is one of 41 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. It earned a 3.1% total margin in FY14, though its operating margin was -4.0%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	30, among the smallest acute hospitals
% Occupancy:	80.1%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.77

Financial

Adjusted‡ Cost per Discharge:	$15,447
Inpatient NPSR per CMAD:	$16,423
Change FY13-FY14:	2.3%
Inpatient:Outpatient Revenue in FY14:	5%:95%
Outpatient Revenue in FY14:	$611,751,618
Change FY13-FY14:	5.6%
Total Revenue in FY14:	$1,098,160,230
Total Surplus (Loss) in FY14:	$34,571,076

Payer Mix

Public Payer Mix:	43.8% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	79th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

Inpatient Discharges in FY14:	1,059
Change FY13-FY14:	7.0%
Emergency Department Visits in FY14:	Not Applicable
Change FY13-FY14:	-
Outpatient Visits in FY14:	252,058
Change FY13-FY14:	7.4%

Quality

Readmission Rate in FY13:	Not Applicable
Change FY11-FY13 (percentage points):	-
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY14, this hospital reported 131,017 infusion treatments and over 250,000 outpatient visits.

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed, as no single community accounted for more than 2% of the hospital's total discharges.

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

This measure is not applicable to the patient population treated at this specialty hospital.

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

For descriptions of the metrics, please see the technical appendix.

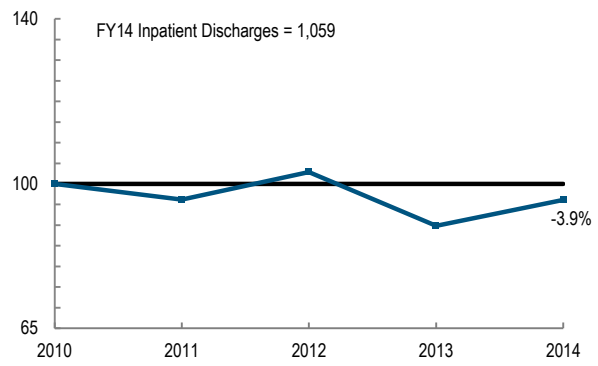
2014 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

Cohort: N/A - Specialty Hospital

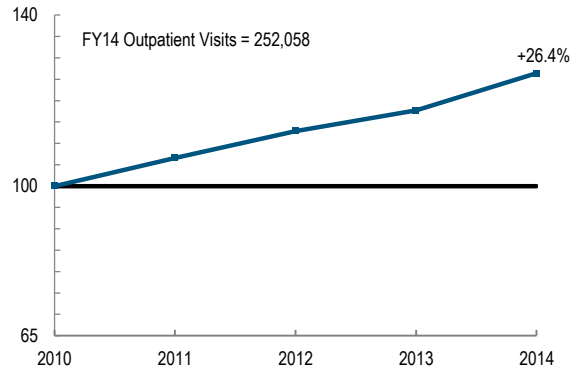
Key:
Hospital
No Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10? (FY10=100)

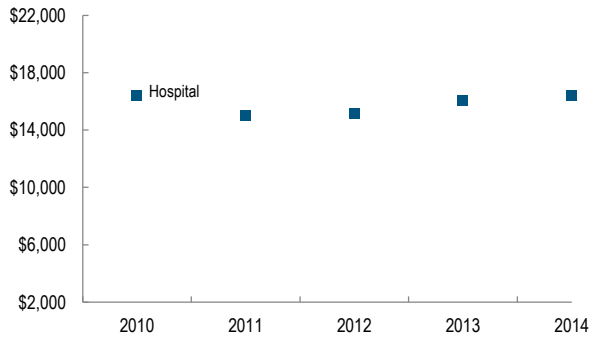


How has the volume of the hospital's outpatient visits changed compared to FY10? (FY10=100)

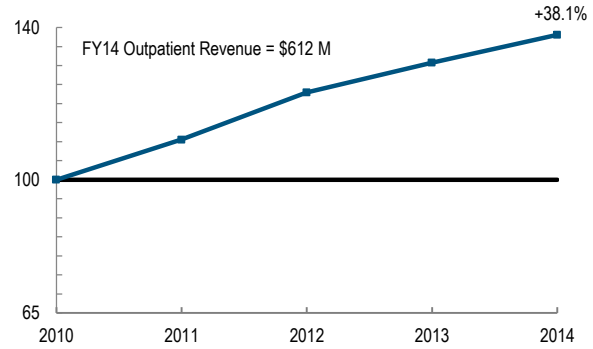


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14?



How has the hospital's total outpatient revenue changed compared to FY10? (FY10=100)



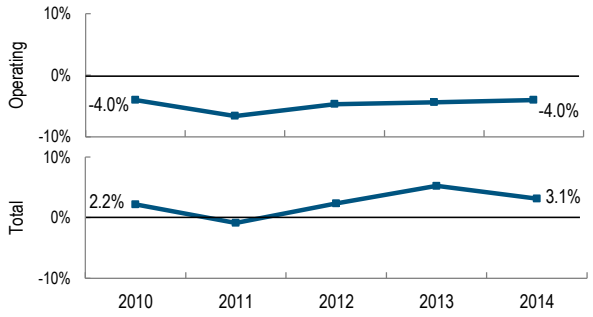
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 834	$ 903	$ 938	$ 975	$ 1,019
Non-Operating Revenue	$ 55	$ 55	$ 71	$ 104	$ 79
Total Revenue	$ 889	$ 959	$ 1,008	$ 1,078	$ 1,098
Total Costs	$ 870	$ 967	$ 985	$ 1,022	$ 1,064
Total Profit (Loss)	$ 19.2	$ (8.5)	$ 23.4	$ 56.2	$ 34.6

What were the hospital's total margin and operating margins between FY10 and FY14?



For descriptions of the metrics, please see the technical appendix.

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Acute Specialty Hospitals - Kindred Hospitals

2014 Hospital Profile

Kindred Hospitals

Kindred Hospital - Boston and Kindred Hospital – Boston North Shore are both owned by Kindred Healthcare, Inc., a healthcare services company with long-term acute care hospitals, inpatient rehabilitation hospitals, nursing centers, assisted living facilities, and more in 47 states. Kindred Hospital – Boston and Kindred Hospital – Boston North Shore provide acute cardiac and pulmonary medicine, dialysis, wound care, infectious disease, and rehabilitation services following long-term illness.

Kindred Hospital Boston

Kindred Hospital-Boston is a for-profit hospital that specializes in providing long-term acute care services. It is located in the Metro Boston region, and is among the smaller acute hospitals in Massachusetts, with 59 staffed beds. In FY14, the average length of stay at the hospital was 24.2 days, and the hospital provided no outpatient services. It did not earn a profit in any year between FY10 and FY14.

Kindred Hospital North Shore

Kindred Hospital- Boston North Shore is a for-profit hospital that specializes in providing long-term acute care services. It is located in the Northeastern Massachusetts region, and is among the smaller acute hospitals in Massachusetts, with 50 staffed beds. In FY14, the average length of stay at the hospital was 26.9 days, and the hospital provided no outpatient services. It earned a negative total margin each year between FY10 and FY14.

Kindred Hospital Boston
Boston, MA

At a Glance

TOTAL STAFFED BEDS: 59

% OCCUPANCY: 59.3%

INPATIENT DISCHARGES in FY14: 528

PUBLIC PAYER MIX: 76%

TOTAL REVENUE in FY14: $18,883,075

TAX STATUS: For profit

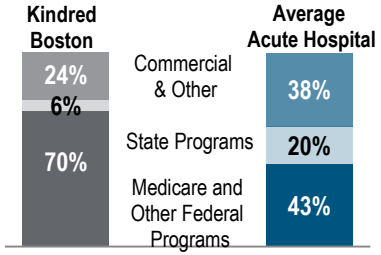
INPATIENT:OUTPATIENT REVENUE in FY14: 100%:0%

ADJUSTED COST PER INPATIENT DAY: $1,552

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY10	FY11	FY12	FY13	FY14
Average Length of Stay	26.4	24.4	23.9	25.2	24.2
Inpatient Days	11,680	11,091	11,019	13,154	12,767
Outpatient Visits	0	0	0	0	0
Net Inpatient Service Revenue per Day	$1,473	$1,507	$1,535	$1,503	$1,501
Outpatient Revenue (millions)	$0.0	$0.0	$0.0	$0.0	$0.1
Operating Margin	-9.7%	-3.0%	-1.9%	-0.1%	-8.0%
Total Margin	-9.7%	-3.0%	-1.9%	-0.1%	-8.0%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	$16	$16	$0	$17	-$1.5
2011	$16	$16	$0	$17	-$0.5
2012	$17	$17	$0	$17	-$0.3
2013	$19	$19	$0	$19	-$0.0
2014	$19	$19	$0	$20	-$1.5

Kindred Hospital Boston North Shore
Peabody, MA

At a Glance

TOTAL STAFFED BEDS: 50

% OCCUPANCY: 68.9%

INPATIENT DISCHARGES in FY14: 468

PUBLIC PAYER MIX: 73%

TOTAL REVENUE in FY14: $19,114,154

TAX STATUS: For profit

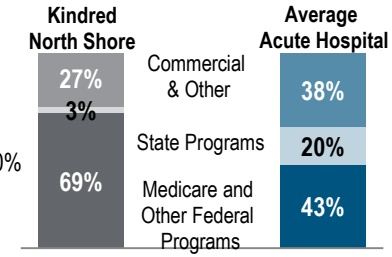
INPATIENT:OUTPATIENT REVENUE in FY14: 100%:0%

ADJUSTED COST PER INPATIENT DAY: $1,498

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY10	FY11	FY12	FY13	FY14
Average Length of Stay	28.7	32.3	27.2	25.8	26.9
Inpatient Days	13,871	12,107	11,648	11,779	12,577
Outpatient Visits	0	0	0	0	0
Net Inpatient Service Revenue per Day	$1,381	$1,546	$1,502	$1,477	$1,537
Outpatient Revenue (millions)	$0.0	$0.0	$0.0	$0.0	$0.0
Operating Margin	-10.2%	-11.9%	-11.7%	-9.4%	-7.4%
Total Margin	-10.2%	-11.9%	-11.7%	-9.4%	-7.4%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	$19	$19	$0	$21	-$1.9
2011	$18	$18	$0	$20	-$2.1
2012	$18	$18	$0	$20	-$2.0
2013	$17	$17	$0	$19	-$1.6
2014	$19	$19	$0	$21	-$1.4

MASSACHUSETTS EYE AND EAR INFIRMARY

2014 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY10 to FY14, but a positive total margin each year except FY10 and FY14 in the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	41, among the smallest acute hospitals
% Occupancy:	32.7%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.20

Financial

Adjusted[Ŧ] Cost per Discharge:	$11,520
Inpatient NPSR per CMAD:	$11,987
Change FY13-FY14:	0.7%
Inpatient:Outpatient Revenue in FY14:	10%:90%
Outpatient Revenue in FY14:	$134,286,232
Change FY13-FY14:	7.5%
Total Revenue in FY14:	$228,692,345
Total Surplus (Loss) in FY14:	($527,759)

Payer Mix

Public Payer Mix:	45.2% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	41st Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

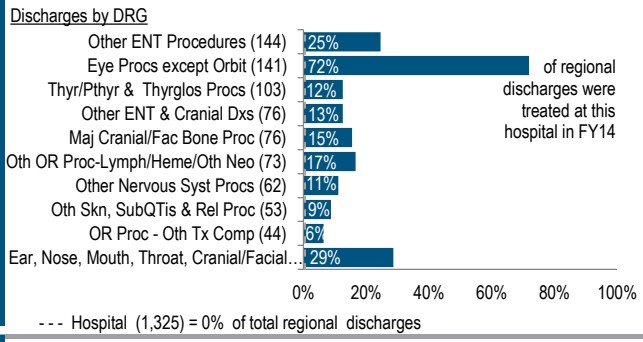
Inpatient Discharges in FY14:	1,325
Change FY13-FY14:	-12.4%
Emergency Department Visits in FY14:	18,053
Change FY13-FY14:	0.0%
Outpatient Visits in FY14:	262,309
Change FY13-FY14:	0.5%

Quality

Readmission Rate in FY13:	10.5%
Change FY11-FY13 (percentage points):	1.9%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

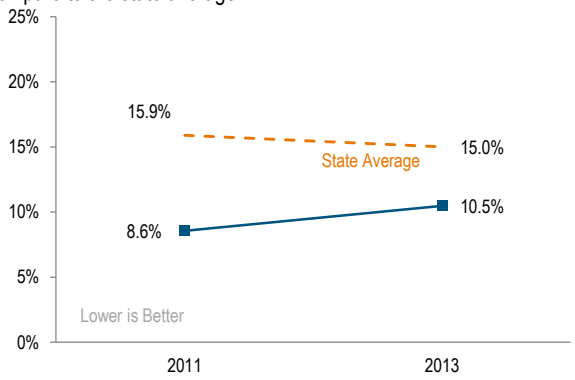


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed as no single community accounted for more than 4% of the hospital's total discharges.

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

For descriptions of the metrics, please see the technical appendix.

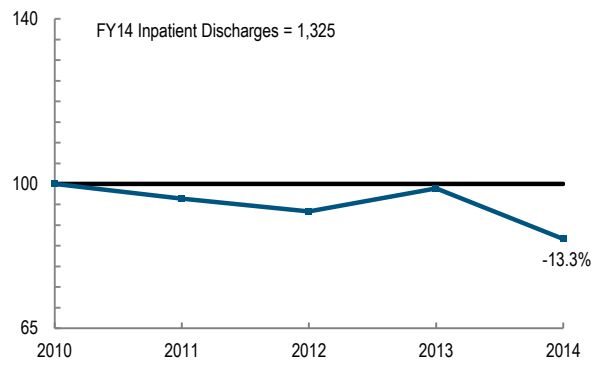
2014 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

Cohort: N/A - Specialty Hospital

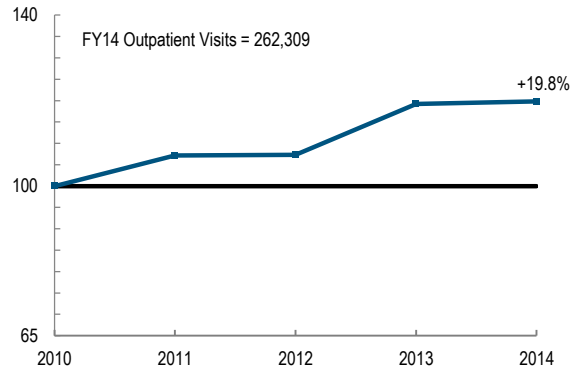
Key:
Hospital
No Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10? (FY10=100)

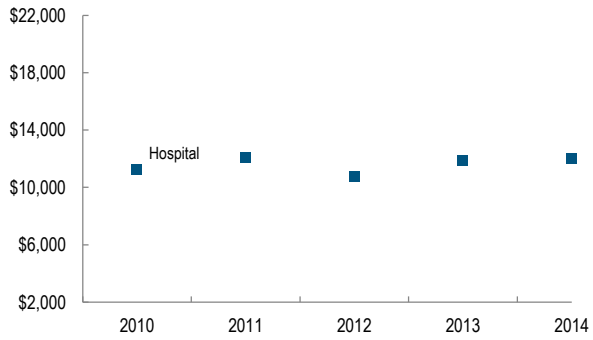


How has the volume of the hospital's outpatient visits changed compared to FY10? (FY10=100)

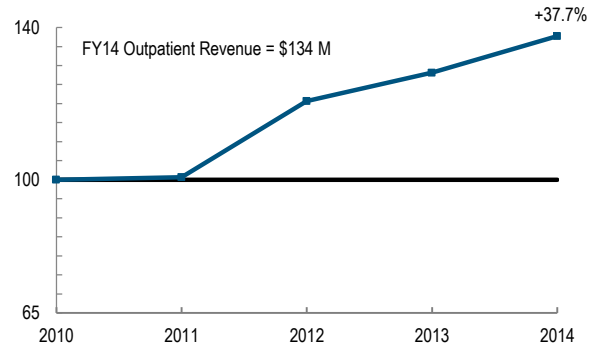


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14?



How has the hospital's total outpatient revenue changed compared to FY10? (FY10=100)



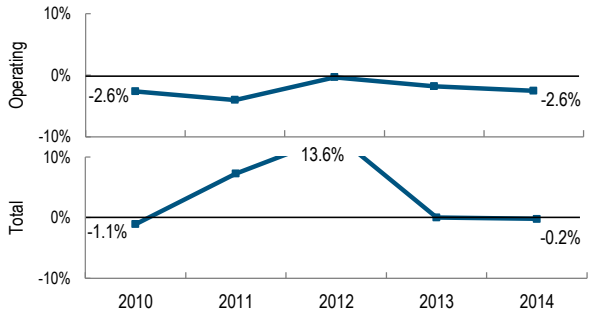
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 190	$ 193	$ 202	$ 219	$ 223
Non-Operating Revenue	$ 3	$ 25	$ 33	$ 4	$ 5
Total Revenue	$ 193	$ 217	$ 234	$ 224	$ 229
Total Costs	$ 195	$ 202	$ 202	$ 224	$ 229
Total Profit (Loss)	$ (2.1)	$ 15.8	$ 31.8	$ 0.1	$ (0.5)

What were the hospital's total margin and operating margins between FY10 and FY14?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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NEW ENGLAND BAPTIST HOSPITAL

2014 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is among the smaller acute hospitals in Massachusetts and a member of the CareGroup health care system. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist earned a profit each year from FY10 to FY14, with a total margin of 2.3% and an operating margin of 0.1% in FY14.

At a Glance

Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY10-FY14):	Not Applicable
Total Staffed Beds:	95, among the smaller acute hospitals
% Occupancy:	74.8%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.36

Financial

Adjusted[Ŧ] Cost per Discharge:	$10,301
Inpatient NPSR per CMAD:	$14,251
Change FY13-FY14:	-1.6%
Inpatient:Outpatient Revenue in FY14:	60%:40%
Outpatient Revenue in FY14:	$62,412,954
Change FY13-FY14:	14.5%
Total Revenue in FY14:	$239,185,054
Total Surplus (Loss) in FY14:	$5,534,690

Payer Mix

Public Payer Mix:	44.7% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	52nd Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Harvard Pilgrim Health Care
	Tufts Associated Health Maintenance Org.

Utilization

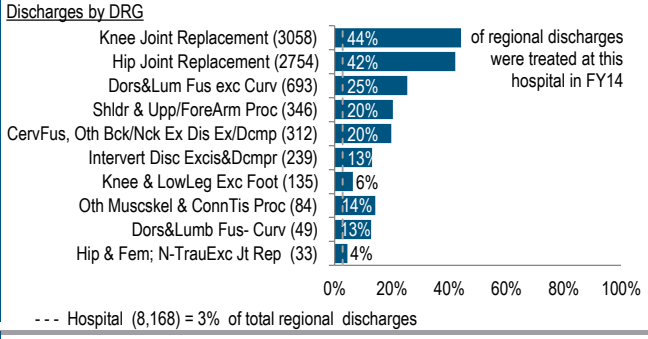
Inpatient Discharges in FY14:	8,168
Change FY13-FY14:	5.5%
Emergency Department Visits in FY14:	Not Applicable
Change FY13-FY14:	-
Outpatient Visits in FY14:	130,394
Change FY13-FY14:	-2.1%

Quality

Readmission Rate in FY13:	3.4%
Change FY11-FY13 (percentage points):	-1.0%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?



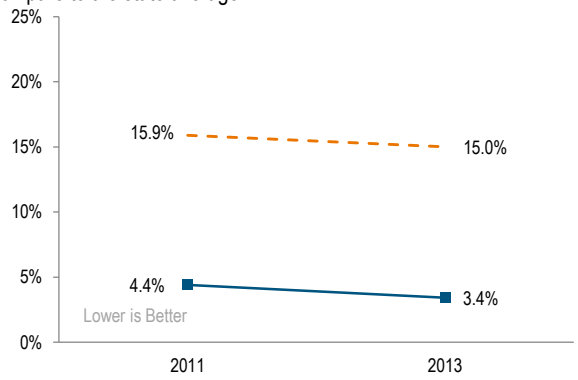
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

In FY14, this hospital drew patients primarily from eastern Massachusetts, including: Boston, Worcester, Quincy, Cambridge, Waltham, Plymouth, Framingham, Brookline, Medford, and Brockton.

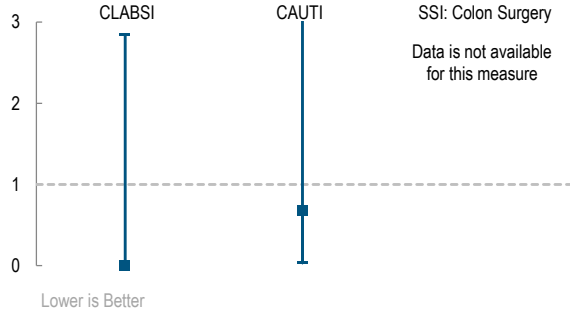
This graph has been suppressed as no single community accounted for more than 2% of the hospital's total discharges.

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

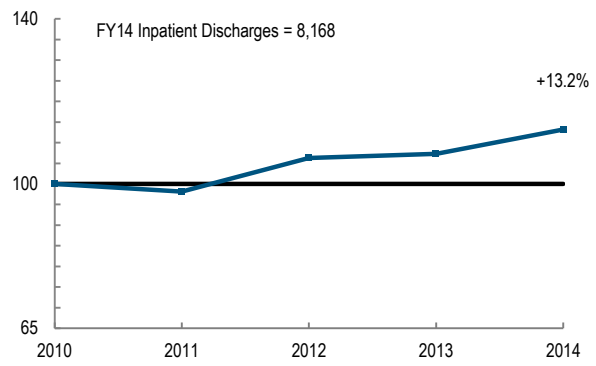
2014 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

Cohort: N/A - Specialty Hospital

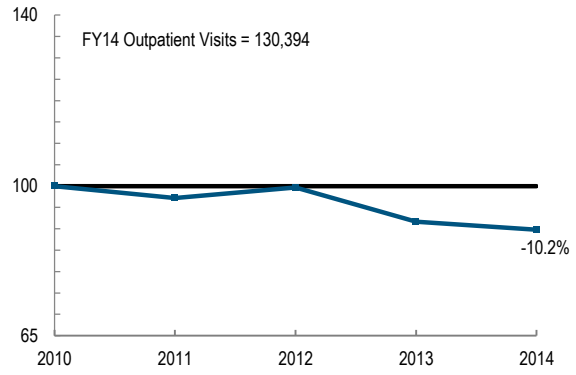
Key:
Hospital
No Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10? (FY10=100)

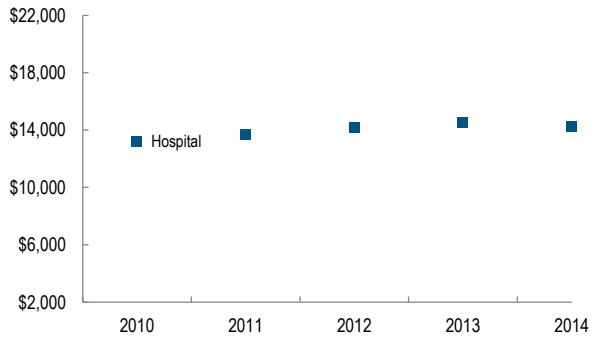


How has the volume of the hospital's outpatient visits changed compared to FY10? (FY10=100)

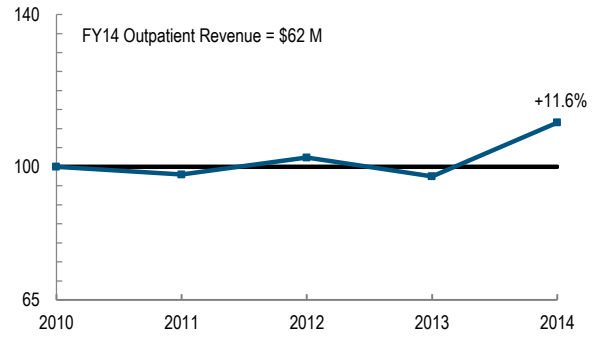


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14?



How has the hospital's total outpatient revenue changed compared to FY10? (FY10=100)



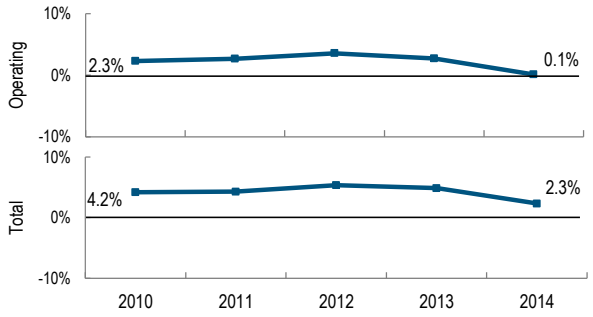
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	$ 194	$ 200	$ 215	$ 220	$ 234
Non-Operating Revenue	$ 4	$ 3	$ 4	$ 5	$ 5
Total Revenue	$ 198	$ 203	$ 219	$ 225	$ 239
Total Costs	$ 190	$ 194	$ 207	$ 214	$ 234
Total Profit (Loss)	$ 8.2	$ 8.7	$ 11.7	$ 10.9	$ 5.5

What were the hospital's total margin and operating margins between FY10 and FY14?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

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Acute Specialty Hospitals - Shriners Hospitals for Children

2014 Hospital Profile

This is the first year CHIA is reporting on Shriners Hospitals. Until 2011, Shriners Hospitals did not collect payments from insurers, thus they were not subject to the same filing requirements as other acute and non-acute hospitals in Massachusetts. Shriners relies on their endowment funds and other public support to sustain their operations.

Shriners Hospitals for Children is a health care system dedicated to pediatric specialty care, research, and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

Shriners Hospitals for Children - Boston is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, orthopedic conditions, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Sixty-two percent of its revenue comes from inpatient services, and the hospital reported 332 inpatient discharges in FY14, 27% fewer than in the prior year. Its most prominent cases in the region were skin grafts for skin and subcutaneous tissue diagnoses, and partial thickness burns with or without skin graft.

Shriners Hospitals for Children - Springfield is dedicated to providing care for a wide range of pediatric orthopedic and neuromusculoskeletal disorders and diseases, as well as cleft lip and palate. Located in Springfield, it has 40 beds. Roughly 40% of its revenue comes from inpatient services, and it had 126 discharges in FY14, a 17.1% decrease from FY13. It treated 87% of the region's discharges for dorsal and lumbar fusion procedures for curvature of the back and 27% of the region's discharges for non-trauma hip and femur procedures, excluding joint replacement.

Shriners Hospitals for Children - Boston

Boston, MA

At a Glance

TOTAL STAFFED BEDS: 30

% OCCUPANCY: 24.9%

INPATIENT DISCHARGES in FY14: 332

PUBLIC PAYER MIX: 28.6%

TOTAL REVENUE in FY14: $62,100,160

TAX STATUS: Non-profit

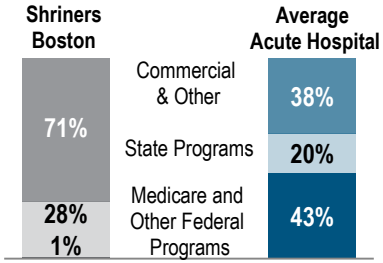
INPATIENT:OUTPATIENT REVENUE in FY14: 62%:38%

ADJUSTED COST PER DISCHARGE: $26,312

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY11	FY12	FY13	FY14
Average Length of Stay	4.7	6.1	6.9	8.2
Inpatient Discharges	188	532	456	332
Outpatient Visits	0	0	5362	5362
Net Inpatient Revenue per Case Mix Adjusted Discharge		$268	$2,907	$23,769
Outpatient Revenue (millions)	-$6.7	$2.3	$0.5	-$14.4
Operating Margin				-53.9%
Total Margin				35.7%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011					
2012	Data is not displayed due to differences in reporting methods between years				
2013					
2014	$62	$6	$56	$40	$22.2

Shriners Hospitals for Children - Springfield

Springfield, MA

At a Glance

TOTAL STAFFED BEDS: 40

% OCCUPANCY: 3.6%

INPATIENT DISCHARGES in FY14: 126

PUBLIC PAYER MIX: 52.3%

TOTAL REVENUE in FY14: $30,512,303

TAX STATUS: Non-profit

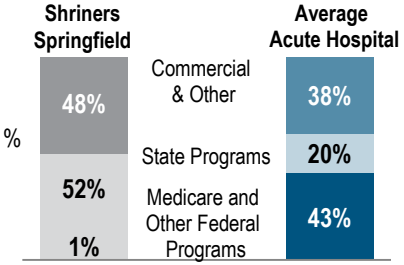
INPATIENT:OUTPATIENT REVENUE in FY14: 39%:61%

ADJUSTED COST PER DISCHARGE: $37,007

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY11	FY12	FY13	FY14
Average Length of Stay	3.1	5.6	5.1	4.1
Inpatient Discharges	187	172	152	126
Outpatient Visits	0	0	12413	6568
Net Inpatient Revenue per Case Mix Adjusted Discharge		$4,507	$8,272	$30,651
Outpatient Revenue (millions)	-$6.6	$1.7	$2.0	-$0.8
Operating Margin				-47.4%
Total Margin				36.5%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011					
2012	Data is not displayed due to differences in reporting methods between years				
2013					
2014	$31	$5	$26	$19	$11.1

INTRODUCTION TO NON-ACUTE HOSPITAL COHORTS

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital's cohort as a point of comparison. Specialty non-acute hospitals are not identified with a distinct cohort; however, individual specialty non-acute hospital profiles are available.

Psychiatric hospitals are licensed by DMH for psychiatric services and by DPH for substance abuse services.

- Arbour Hospital
- Arbour – Fuller Memorial
- Arbour – HRI Hospital
- Baldpate Hospital
- Bournewood Hospital
- McLean Hospital
- Walden Behavioral Care
- Westwood Pembroke Hospital
- Whittier Pavilion

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

- Braintree Rehabilitation Hospital
- Fairlawn Rehabilitation Hospital
- HealthSouth Rehabilitation Hospital of Western Massachusetts
- New Bedford Rehabilitation Hospital
- New England Rehabilitation Hospital
- Spaulding Rehabilitation Hospital of Cape Cod
- Spaulding Rehabilitation Hospital
- Whittier Rehabilitation Hospital Bradford
- Whittier Rehabilitation Hospital Westborough

Chronic care hospitals are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

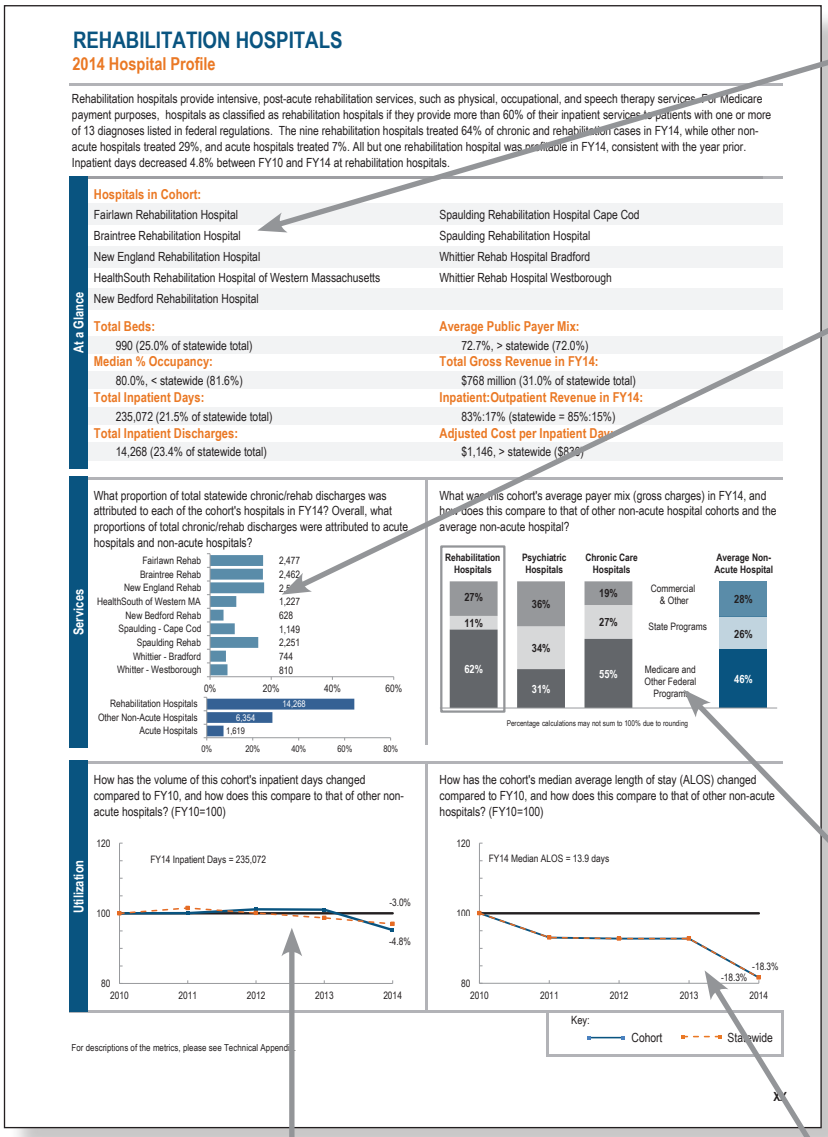
- Kindred Hospital Northeast
- New England Sinai Hospital
- Radius Specialty Hospital
- Spaulding Hospital Cambridge
- Spaulding North Shore
- Vibra Hospital of Western Massachusetts

- AdCare Hospital of Worcester
- Franciscan Hospital for Children
- Hebrew Rehabilitation Hospital

For detailed descriptions of the data sources and metrics used in the non-acute hospital cohort profiles, please see the technical appendix.

HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2014

This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the technical appendix.



REHABILITATION HOSPITALS
2014 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals as classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations. The nine rehabilitation hospitals treated 64% of chronic and rehabilitation cases in FY14, while other non-acute hospitals treated 29%, and acute hospitals treated 7%. All but one rehabilitation hospital was profitable in FY14, consistent with the year prior. Inpatient days decreased 4.8% between FY10 and FY14 at rehabilitation hospitals.

At a Glance

Hospitals in Cohort:

Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital
New England Rehabilitation Hospital	Whittier Rehab Hospital Bradford
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Westborough
New Bedford Rehabilitation Hospital	

Total Beds: 990 (25.0% of statewide total)
Median % Occupancy: 80.0%, < statewide (81.6%)
Total Inpatient Days: 235,072 (21.5% of statewide total)
Total Inpatient Discharges: 14,268 (23.4% of statewide total)
Average Public Payer Mix: 72.7%, > statewide (72.0%)
Total Gross Revenue in FY14: $768 million (31.0% of statewide total)
Inpatient:Outpatient Revenue in FY14: 83%:17% (statewide = 85%:15%)
Adjusted Cost per Inpatient Day: $1,146, > statewide ($839)

Services

What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY14? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

What was this cohort's average payer mix (gross charges) in FY14, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

Utilization

How has the volume of this cohort's inpatient days changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)

How has the cohort's median average length of stay (ALOS) changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)

For descriptions of the metrics, please see Technical Appendix

List of hospitals in cohort

Inpatient cases

Each cohort hospital's proportion of cohort-type discharges statewide (e.g., rehabilitation hospital's proportion of total chronic and rehabilitation discharges) for FY14 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals' total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

Payer mix

The cohort's average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

Change in volume of inpatient days

Change in the median of the cohort hospitals' average length of stay

HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2014

Utilization, cost, revenue, and financial data from FY10 to FY14 is presented for each hospital in the given non-acute hospital cohort in the tables below.

REHABILITATION HOSPITALS

2014 Hospital Profile

Utilization Trends — Volume of Inpatient Days

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	28,806	29,067	32,086	33,059	32,121
Braintree Rehab	34,500	35,303	35,405	36,528	30,803
New England Rehab	35,534	35,413	35,815	35,580	30,526
HealthSouth of Western MA	16,917	16,516	17,026	16,910	17,062
New Bedford Rehab	27,606	26,841	27,635	27,788	26,807
Spaulding - Cape Cod	14,034	14,030	14,36[illegible]	[illegible]	15,851
Spaulding Rehab	54,508	53,821	52,208	49,155	45,583
Whittier - Bradford	17,169	18,026	17,460	17,579	18,552
Whitter - Westborough	17,789	17,976	17,700	17,824	17,767

Utilization Trends — Average Length of Stay (Days)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	13.9	13.8	13.6	13.3	13.0
Braintree Rehab	17.0	15.9	15.8	15.8	12.5
New England Rehab	14.4	14.3	15.1	[illegible]	[illegible]
HealthSouth of Western MA	13.7	12.9	13.3	13.6	13.9
New Bedford Rehab	50.5	53.7	48.0	43.4	42.7
Spaulding - Cape Cod	13.3	13.7	12.6	13.6	13.8
Spaulding Rehab	[illegible]	23.0	21.9	21.7	20.3
Whittier - Bradford	24.5	23.6	23.9	24.0	[illegible]
Whitter - Westborough	21.2	22.0	21.6	22.6	21.9

Utilization Trends — Volume of Outpatient Visits

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	12,441	9,979	10,632	10,809	12,599
Braintree Rehab	112,898	109,884	112,983	108,775	91,137
New England Rehab	39,051	39,055	39,003	38,043	36,301
HealthSouth of Western MA	32,463	27,766	13,924	13,756	13,227
New Bedford Rehab	This hospital did not provide outpatient services from FY10-FY14				
Spaulding - Cape Cod	6,874	7,200	7,851	7,852	9,575
Spaulding Rehab	141,651	145,745	156,417	[illegible]	179,678
Whittier - Bradford	33,140	35,197	38,763	37,520	40,235
Whitter - Westborough	10,502	10,496	11,780	11,493	12,186

Patient Revenue Trends — Net Patient Revenue per Inpatient Day

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$1,179	$1,168	$1,058	$1,027	$1,057
Braintree Rehab	$1,180	$1,153	$1,150	$1,114	$1,321
New England Rehab	$1,177	$1,181	$1,168	$1,175	[illegible]
HealthSouth of Western MA	$1,164	$1,192	$1,156	$1,164	$1,154
New Bedford Rehab	$1,396	$1,436	$1,395	$1,387	$1,438
Spaulding - Cape Cod	$1,506	$1,507	$1,472	$1,412	$1,334
Spaulding Rehab	$1,296	$1,313	$1,354	$1,438	$1,550
Whittier - Bradford	$1,250	$1,191	$1,230	$1,221	$1,157
Whitter - Westborough	$1,204	$1,191	[illegible]	$1,201	$1,205

Utilization Trends — Total Net Outpatient Revenue (in millions)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$0.7	$0.7	$0.5	$0.7	$0.9
Braintree Rehab	$10.6	$10.5	$10.8	$10.5	$9.6
New England Rehab	$3.1	$3.2	$3.0	$3.0	$4.3
HealthSouth of Western MA	$2.5	$1.9	$1.1	$0.9	$0.9
New Bedford Rehab	This hospital did not provide outpatient services from FY10-FY14				
Spaulding - Cape Cod	$8.9	$9.6	$11.1	$11.6	$13.0
Spaulding Rehab	$21.93	$21.08	$22.19	$22.61	$25.24
Whittier - Bradford	$3.56	$3.75	$4.36	$4.12	$5.32
Whitter - Westborough	[illegible]	$0.80	$0.94	$1.16	$0.96

Financial Performance — Total Revenue, Cost, and Profit (Loss) in FY2014

	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Fairlawn Rehab	$45.1	$45.1	$36.6	$8.53	18.9%
Braintree Rehab	$56.5	$56.5	$46.9	$9.60	17.0%
New England Rehab	$48.5	$48.5	$41.7	$6.76	14.0%
HealthSouth of Western MA	$23.3	$23.3	$19.9	$3.31	14.2%
New Bedford Rehab	$31.0	$31.0	$29.4	$1.56	0.0%
Spaulding - Cape Cod	$38.2	$38.3	$36.2	$2.04	5.3%
Spaulding Rehab	$115.7	$115.7	$129.2	-$13.55	-11.7%
Whittier - Bradford	$29.3	$29.3	$27.0	$2.30	7.9%
Whitter - Westborough	$23.4	$23.4	$21.6	$1.83	7.8%

For descriptions of the metrics, please see the technical appendix.

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November 2015

Average length of stay

Volume of inpatient days

Inpatient revenue per day
(i.e., per capita)

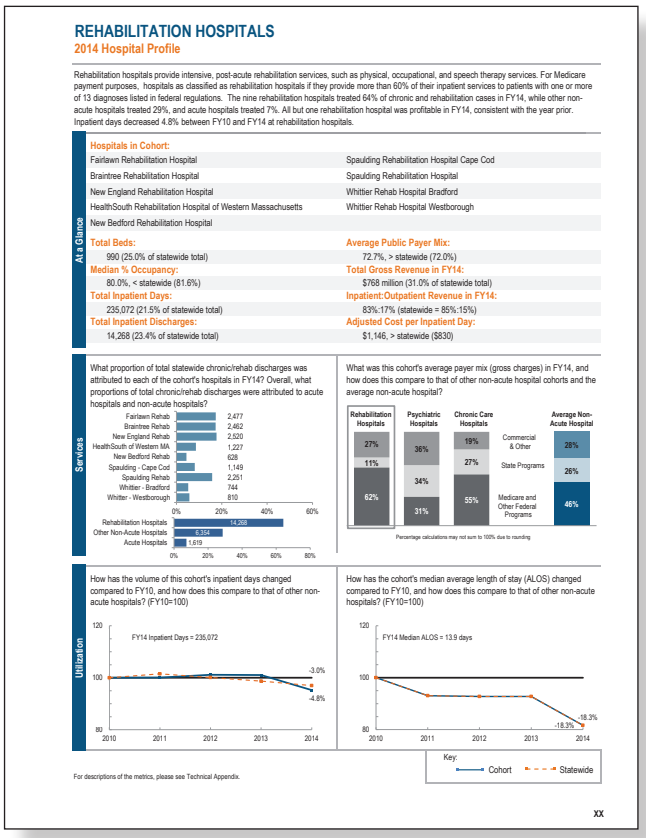
Total outpatient visits

Total net outpatient revenue

Financial information
(FY14 only)

MASSACHUSETTS NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2014

What changed *from Non-Acute Hospital Profiles – Data through Fiscal Year 2013?*



REHABILITATION HOSPITALS
2014 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals as classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations. The nine rehabilitation hospitals treated 64% of chronic and rehabilitation cases in FY14, while other non-acute hospitals treated 29%, and acute hospitals treated 7%. All but one rehabilitation hospital was profitable in FY14, consistent with the year prior. Inpatient days decreased 4.8% between FY10 and FY14 at rehabilitation hospitals.

At a Glance

Hospitals in Cohort:

Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital
New England Rehabilitation Hospital	Whittier Rehab Hospital Bradford
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Westborough
New Bedford Rehabilitation Hospital	

Total Beds:	**Average Public Payer Mix:**
990 (25.0% of statewide total)	72.7%, > statewide (72.0%)
Median % Occupancy:	**Total Gross Revenue in FY14:**
80.0%, < statewide (81.6%)	$768 million (31.0% of statewide total)
Total Inpatient Days:	**Inpatient:Outpatient Revenue in FY14:**
235,072 (21.5% of statewide total)	83%:17% (statewide = 85%:15%)
Total Inpatient Discharges:	**Adjusted Cost per Inpatient Day:**
14,268 (23.4% of statewide total)	$1,146, > statewide ($830)

Services

What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY14? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

Fairlawn Rehab 2,477; Braintree Rehab 2,462; New England Rehab 2,520; HealthSouth of Western MA 1,227; New Bedford Rehab 628; Spaulding - Cape Cod 1,149; Spaulding Rehab 2,251; Whittier - Bradford 744; Whittier - Westborough 810

Rehabilitation Hospitals 14,268; Other Non-Acute Hospitals 8,324; Acute Hospitals 1,619

What was this cohort's average payer mix (gross charges) in FY14, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

	Rehabilitation Hospitals	Psychiatric Hospitals	Chronic Care Hospitals	Average Non-Acute Hospital
Commercial & Other	27%	36%	19%	28%
State Programs	11%	34%	27%	26%
Medicare and Other Federal Programs	62%	31%	55%	46%

Percentage calculations may not sum to 100% due to rounding

Utilization

How has the volume of this cohort's inpatient days changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)

FY14 Inpatient Days = 235,072; -3.0%; -4.8%

How has the cohort's median average length of stay (ALOS) changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)

FY14 Median ALOS = 13.9 days; -18.3%; -18.3%

Key: Cohort; Statewide

For descriptions of the metrics, please see Technical Appendix.

xx

CHIA is committed to ensuring that our customers receive quality content and service, and to help us do so, we surveyed stakeholders prior to planning this year's publication. The Hospital Profiles – FY 2014 presentation was updated to focus on the metrics and formats most valuable to our stakeholders.

In addition to an updated look, CHIA made the changes noted below to the Non-Acute Hospital Profiles template.

1. In place of individual profiles for each non-acute hospital, CHIA has created cohort-level profiles for rehabilitation, chronic care, and psychiatric non-acute hospitals. Metrics remain consistent with the FY13 non-acute hospital profiles.
2. The front side of each cohort-level profile includes aggregate cohort information to display overall cohort performance on selected metrics.
3. The back side of each cohort-level profile includes data tables that display each cohort hospital's performance on utilization, revenue, and financial metrics.

Data for each individual non-acute hospital can be found in CHIA's online [databook](#).

REHABILITATION HOSPITALS
2014 Hospital Profile

Utilization Trends

Volume of Inpatient Days

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	28,806	29,067	32,086	33,059	32,121
Braintree Rehab	34,500	35,303	35,405	36,528	30,803
New England Rehab	35,534	35,413	35,815	35,580	30,526
HealthSouth of Western MA	16,917	16,516	17,026	16,910	17,062
New Bedford Rehab	27,606	26,841	27,635	27,788	26,807
Spaulding - Cape Cod	14,034	14,030	14,361	14,974	15,851
Spaulding Rehab	54,508	53,821	52,208	49,155	45,583
Whittier - Bradford	17,169	18,026	17,460	17,579	18,552
Whittier - Westborough	17,789	17,976	17,700	17,824	17,767

Average Length of Stay (Days)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	13.9	13.8	13.6	13.3	13.0
Braintree Rehab	17.0	15.9	15.8	15.8	12.5
New England Rehab	14.4	14.3	15.1	14.3	12.1
HealthSouth of Western MA	13.7	12.9	13.3	13.6	13.9
New Bedford Rehab	50.5	53.7	48.0	43.4	42.7
Spaulding - Cape Cod	13.3	13.7	12.6	13.6	13.8
Spaulding Rehab	22.3	23.0	21.9	21.7	20.3
Whittier - Bradford	24.5	23.6	23.9	24.0	24.9
Whittier - Westborough	21.2	22.0	21.6	22.6	21.9

Volume of Outpatient Visits

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	12,441	9,979	10,632	10,809	12,599
Braintree Rehab	112,898	109,884	112,983	108,775	91,137
New England Rehab	39,051	39,055	39,003	38,043	36,301
HealthSouth of Western MA	32,463	27,766	13,924	13,756	13,227
New Bedford Rehab	This hospital did not provide outpatient services from FY10-FY14				
Spaulding - Cape Cod	6,874	7,200	7,851	7,852	9,575
Spaulding Rehab	141,651	145,745	156,417	158,985	179,678
Whittier - Bradford	33,140	35,197	38,763	37,520	40,235
Whittier - Westborough	10,502	10,496	11,780	11,493	12,186

Patient Revenue Trends

Net Patient Revenue per Inpatient Day

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$1,179	$1,168	$1,058	$1,027	$1,057
Braintree Rehab	$1,180	$1,153	$1,150	$1,114	$1,321
New England Rehab	$1,177	$1,181	$1,168	$1,175	$1,370
HealthSouth of Western MA	$1,164	$1,192	$1,156	$1,164	$1,154
New Bedford Rehab	$1,396	$1,436	$1,395	$1,387	$1,438
Spaulding - Cape Cod	$1,506	$1,507	$1,472	$1,412	$1,334
Spaulding Rehab	$1,296	$1,313	$1,354	$1,438	$1,550
Whittier - Bradford	$1,250	$1,191	$1,230	$1,221	$1,157
Whittier - Westborough	$1,204	$1,191	$1,210	$1,201	$1,205

Utilization Trends

Total Net Outpatient Revenue (in millions)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$0.7	$0.7	$0.5	$0.7	$0.9
Braintree Rehab	$10.6	$10.5	$10.8	$10.5	$9.6
New England Rehab	$3.1	$3.2	$3.0	$3.0	$4.3
HealthSouth of Western MA	$2.5	$1.9	$1.1	$0.9	$0.9
New Bedford Rehab	This hospital did not provide outpatient services from FY10-FY14				
Spaulding - Cape Cod	$8.9	$9.6	$11.1	$11.6	$13.0
Spaulding Rehab	$21.93	$21.08	$22.19	$22.61	$25.24
Whittier - Bradford	$3.56	$3.75	$4.36	$4.12	$5.32
Whittier - Westborough	$0.77	$0.80	$0.94	$1.16	$0.96

Financial Performance

Total Revenue, Cost, and Profit (Loss) in FY2014

	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Fairlawn Rehab	$45.1	$45.1	$36.6	$8.53	18.9%
Braintree Rehab	$56.5	$56.5	$46.9	$9.60	17.0%
New England Rehab	$48.5	$48.5	$41.7	$6.76	14.0%
HealthSouth of Western MA	$23.3	$23.3	$19.9	$3.31	14.2%
New Bedford Rehab	$31.0	$31.0	$29.4	$1.56	0.0%
Spaulding - Cape Cod	$38.2	$38.3	$36.2	$2.04	5.3%
Spaulding Rehab	$115.7	$115.7	$129.2	-$13.55	-11.7%
Whittier - Bradford	$29.3	$29.3	$27.0	$2.30	7.9%
Whittier - Westborough	$23.4	$23.4	$21.6	$1.83	7.8%

For descriptions of the metrics, please see the technical appendix.

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November 2015

PSYCHIATRIC HOSPITALS

2014 Hospital Profile

Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals treated roughly 40% of psychiatric discharges in FY14, while acute hospitals treated nearly 60% of the psychiatric discharges in Massachusetts. Psychiatric hospitals offer a variety of mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization services. Seven of the nine psychiatric hospitals earned a profit in FY14.

At a Glance

Hospitals in Cohort:

Arbour Hospital	McLean Hospital
Baldpate Hospital	Walden Behavioral Care
Bournewood Hospital	Westwood Pembroke Hospital
Arbour-Fuller Hospital	Whittier Pavilion
Arbour-HRI Hospital	

Total Beds:
988 (24.9% of statewide total)

Average Public Payer Mix:
64.4%, < statewide (72.0%)

Median % Occupancy:
88.6%, > statewide (81.6%)

Total Gross Revenue in FY14:
$608 million (24.5% of statewide total)

Total Inpatient Days:
313,265 (28.7% of statewide total)

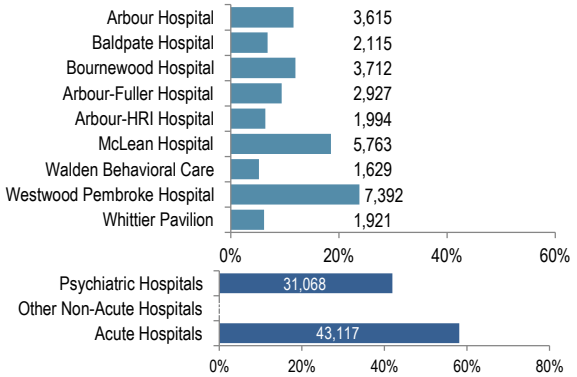
Inpatient:Outpatient Revenue in FY14:
84%:16% (statewide = 85%:15%)

Total Inpatient Discharges:
31,068 (51.0% of statewide total)

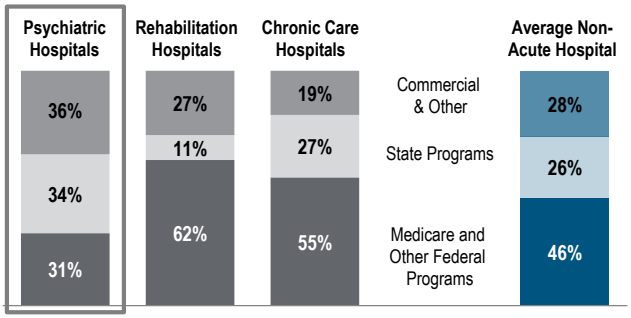
Adjusted Cost per Inpatient Day:
$646, < statewide ($830)

Services

What proportion of total statewide psychiatric discharges was attributed to each of the cohort's hospitals in FY14? Overall, what proportions of total psychiatric discharges were attributed to acute hospitals and non-acute hospitals?



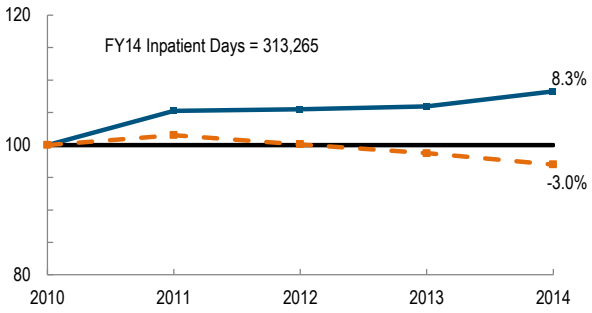
What was this cohort's average payer mix (gross charges) in FY14, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



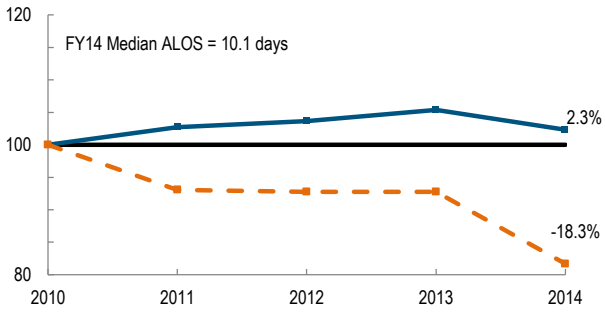
Percentage calculations may not sum to 100% due to rounding

Utilization

How has the volume of this cohort's inpatient days changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



Key: Cohort Statewide

For descriptions of the metrics, please see the technical appendix.

PSYCHIATRIC HOSPITALS

2014 Hospital Profile

Utilization Trends

Volume of Inpatient Days

	FY10	FY11	FY12	FY13	FY14
Arbour Hospital	40,676	40,409	40,719	44,642	44,074
Baldpate Hospital	16,149	14,764	12,224	8,378	13,517
Bournewood Hospital	26,003	27,246	27,924	27,880	30,903
Arbour-Fuller	32,608	33,755	30,180	32,149	32,176
Arbour-HRI	15,354	23,231	23,176	21,591	18,672
McLean	57,611	57,416	57,988	56,910	58,070
Walden Behavioral	13,521	13,484	15,377	15,505	16,479
Westwood Pembroke	72,475	76,027	79,407	80,757	79,849
Whittier Pavilion	14,945	18,266	18,216	18,792	19,525

Utilization Trends

Average Length of Stay (Days)

	FY10	FY11	FY12	FY13	FY14
Arbour Hospital	11.2	11.5	10.5	11.1	12.2
Baldpate Hospital	6.4	6.3	6.1	5.5	6.4
Bournewood Hospital	6.9	7.6	7.6	8.1	8.3
Arbour-Fuller	9.9	10.2	10.5	11.0	11.0
Arbour-HRI	10.2	10.9	10.3	9.6	9.4
McLean	9.6	9.4	9.6	9.5	10.1
Walden Behavioral	9.8	9.4	9.7	11.0	10.1
Westwood Pembroke	11.5	10.8	11.2	11.4	10.8
Whittier Pavilion	12.3	11.6	10.7	10.4	10.2

Utilization Trends

Volume of Outpatient Visits

	FY10	FY11	FY12	FY13	FY14
Arbour Hospital	27,472	28,835	26,953	37,093	38,436
Baldpate Hospital	0	0	0	0	0
Bournewood Hospital	24,766	24,553	25,238	25,771	22,876
Arbour-Fuller	10,335	13,816	16,520	17,405	16,071
Arbour-HRI	14,143	15,126	15,060	14,251	13,912
McLean	102,484	102,756	103,306	104,813	107,244
Walden Behavioral	7,858	7,806	12,406	13,398	16,820
Westwood Pembroke	15,950	16,583	15,792	14,219	14,832
Whittier Pavilion	0	0	0	102	2,287

Patient Revenue Trends

Net Patient Revenue per Inpatient Day

	FY10	FY11	FY12	FY13	FY14
Arbour Hospital	$687	$699	$711	$698	$723
Baldpate Hospital	$512	$537	$553	$636	$333
Bournewood Hospital	$628	$667	$747	$776	$757
Arbour-Fuller	$640	$641	$608	$627	$650
Arbour-HRI	$687	$718	$710	$727	$738
McLean	$1,020	$1,055	$1,052	$1,111	$1,156
Walden Behavioral	$690	$709	$731	$795	$833
Westwood Pembroke	$691	$697	$697	$717	$742
Whittier Pavilion	$989	$839	$1,042	$825	$905

Utilization Trends

Total Net Outpatient Revenue (in millions)

	FY10	FY11	FY12	FY13	FY14
Arbour Hospital	$4.8	$5.1	$5.6	$7.3	$7.4
Baldpate Hospital	$0.0	$0.0	$0.0	$0.0	$0.0
Bournewood Hospital	$3.9	$4.0	$2.3	$2.5	$3.1
Arbour-Fuller	$2.6	$3.4	$4.0	$4.4	$4.3
Arbour-HRI	$4.7	$5.2	$5.2	$5.2	$5.2
McLean	$35.4	$38.4	$43.1	$40.7	$40.5
Walden Behavioral	$1.79	$2.18	$3.13	$3.58	$6.08
Westwood Pembroke	$6.68	$7.04	$7.38	$7.35	$7.73
Whittier Pavilion	$0.00	$0.00	$0.00	$0.01	$0.29

Financial Performance

Total Revenue, Cost, and Profit (Loss) in FY2014

	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Arbour Hospital	$39.4	$39.4	$32.1	$7.27	18.5%
Baldpate Hospital	$4.5	$4.5	$4.7	($0.21)	-4.7%
Bournewood Hospital	$28.1	$28.2	$23.2	$5.01	17.8%
Arbour-Fuller	$25.4	$25.4	$21.1	$4.28	16.9%
Arbour-HRI	$19.0	$19.0	$16.2	$2.80	14.7%
McLean	$188.7	$189.0	$183.1	$5.92	3.1%
Walden Behavioral	$25.6	$25.6	$22.5	$3.14	12.3%
Westwood Pembroke	$67.1	$67.1	$51.1	$15.96	23.8%
Whittier Pavilion	$18.0	$18.0	$19.5	($1.57)	-8.7%

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REHABILITATION HOSPITALS

2014 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations. The nine rehabilitation hospitals treated 64% of chronic and rehabilitation cases in FY14, while other non-acute hospitals treated 29%, and acute hospitals treated 7%. All but one rehabilitation hospital was profitable in FY14, consistent with the year prior. Inpatient days decreased 4.8% between FY10 and FY14 at rehabilitation hospitals.

At a Glance

Hospitals in Cohort:

Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital
New England Rehabilitation Hospital	Whittier Rehab Hospital Bradford
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Westborough
New Bedford Rehabilitation Hospital	

Total Beds:
990 (25.0% of statewide total)

Average Public Payer Mix:
72.7%, > statewide (72.0%)

Median % Occupancy:
80.0%, < statewide (81.6%)

Total Gross Revenue in FY14:
$768 million (31.0% of statewide total)

Total Inpatient Days:
235,072 (21.5% of statewide total)

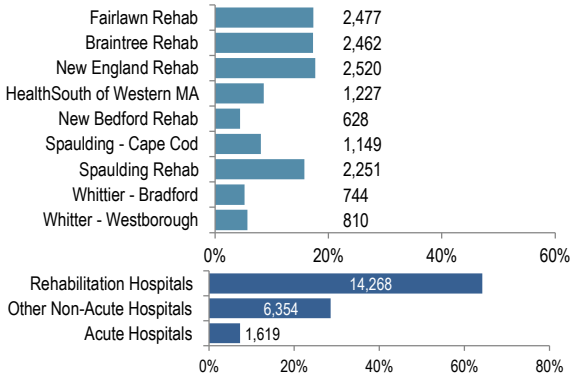
Inpatient:Outpatient Revenue in FY14:
83%:17% (statewide = 85%:15%)

Total Inpatient Discharges:
14,268 (23.4% of statewide total)

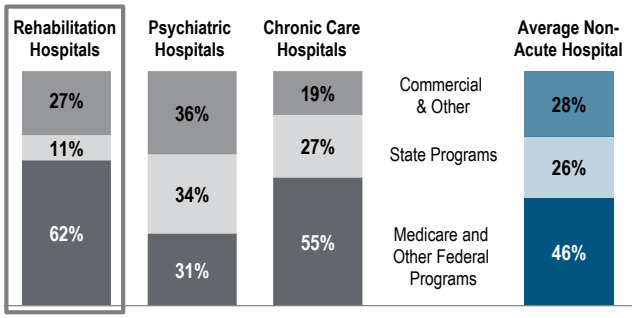
Adjusted Cost per Inpatient Day:
$1,146, > statewide ($830)

Services

What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY14? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?



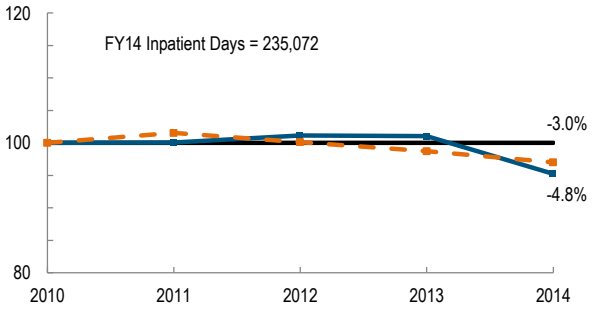
What was this cohort's average payer mix (gross charges) in FY14, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



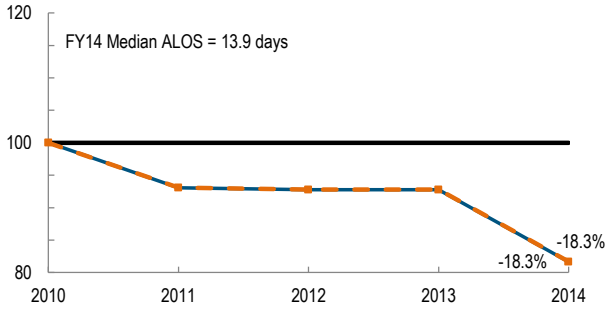
Percentage calculations may not sum to 100% due to rounding

Utilization

How has the volume of this cohort's inpatient days changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



Key: Cohort Statewide

For descriptions of the metrics, please see the technical appendix.

REHABILITATION HOSPITALS

2014 Hospital Profile

Utilization Trends — Volume of Inpatient Days

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	28,806	29,067	32,086	33,059	32,121
Braintree Rehab	34,500	35,303	35,405	36,528	30,803
New England Rehab	35,534	35,413	35,815	35,580	30,526
HealthSouth of Western MA	16,917	16,516	17,026	16,910	17,062
New Bedford Rehab	27,606	26,841	27,635	27,788	26,807
Spaulding - Cape Cod	14,034	14,030	14,361	14,974	15,851
Spaulding Rehab	54,508	53,821	52,208	49,155	45,583
Whittier - Bradford	17,169	18,026	17,460	17,579	18,552
Whitter - Westborough	17,789	17,976	17,700	17,824	17,767

Utilization Trends — Average Length of Stay (Days)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	13.9	13.8	13.6	13.3	13.0
Braintree Rehab	17.0	15.9	15.8	15.8	12.5
New England Rehab	14.4	14.3	15.1	14.3	12.1
HealthSouth of Western MA	13.7	12.9	13.3	13.6	13.9
New Bedford Rehab	50.5	53.7	48.0	43.4	42.7
Spaulding - Cape Cod	13.3	13.7	12.6	13.6	13.8
Spaulding Rehab	22.3	23.0	21.9	21.7	20.3
Whittier - Bradford	24.5	23.6	23.9	24.0	24.9
Whitter - Westborough	21.2	22.0	21.6	22.6	21.9

Utilization Trends — Volume of Outpatient Visits

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	12,441	9,979	10,632	10,809	12,599
Braintree Rehab	112,898	109,884	112,983	108,775	91,137
New England Rehab	39,051	39,055	39,003	38,043	36,301
HealthSouth of Western MA	32,463	27,766	13,924	13,756	13,227
New Bedford Rehab	Hospital information suppressed due to data concerns				
Spaulding - Cape Cod	6,874	7,200	7,851	7,852	9,575
Spaulding Rehab	141,651	145,745	156,417	158,985	179,678
Whittier - Bradford	33,140	35,197	38,763	37,520	40,235
Whitter - Westborough	10,502	10,496	11,780	11,493	12,186

Patient Revenue Trends — Net Patient Revenue per Inpatient Day

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$1,179	$1,268	$1,299	$1,340	$1,373
Braintree Rehab	$1,180	$1,248	$1,246	$1,304	$1,501
New England Rehab	$1,177	$1,222	$1,276	$1,290	$1,425
HealthSouth of Western MA	$1,164	$1,278	$1,311	$1,355	$1,315
New Bedford Rehab	$1,396	$1,017	$1,129	$1,466	$1,102
Spaulding - Cape Cod	$1,506	$1,469	$1,497	$1,580	$1,563
Spaulding Rehab	$1,296	$1,400	$1,482	$1,545	$1,655
Whittier - Bradford	$1,250	$1,241	$1,230	$1,230	$1,272
Whitter - Westborough	$1,204	$1,224	$1,221	$1,214	$1,234

Utilization Trends — Total Net Outpatient Revenue (in millions)

	FY10	FY11	FY12	FY13	FY14
Fairlawn Rehab	$0.7	$0.7	$0.5	$0.7	$0.9
Braintree Rehab	$10.6	$10.5	$10.8	$10.5	$9.6
New England Rehab	$3.1	$3.2	$3.0	$3.0	$4.3
HealthSouth of Western MA	$2.5	$1.9	$1.1	$0.9	$0.9
New Bedford Rehab	Hospital information suppressed due to data concerns				
Spaulding - Cape Cod	$8.9	$9.6	$11.1	$11.6	$13.0
Spaulding Rehab	$21.93	$21.08	$22.19	$22.61	$25.24
Whittier - Bradford	$3.56	$3.75	$4.36	$4.12	$5.32
Whitter - Westborough	$0.77	$0.80	$0.94	$1.16	$0.96

Financial Performance — Total Revenue, Cost, and Profit (Loss) in FY2014

	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Fairlawn Rehab	$45.1	$45.1	$36.6	$8.53	18.9%
Braintree Rehab	$56.5	$56.5	$46.9	$9.60	17.0%
New England Rehab	$48.5	$48.5	$41.7	$6.76	14.0%
HealthSouth of Western MA	$23.3	$23.3	$19.9	$3.31	14.2%
New Bedford Rehab	$31.0	$31.0	$29.4	$1.56	0.0%
Spaulding - Cape Cod	$38.2	$38.3	$36.2	$2.04	5.3%
Spaulding Rehab	$115.7	$115.7	$129.2	($13.55)	-11.7%
Whittier - Bradford	$29.3	$29.3	$27.0	$2.30	7.9%
Whitter - Westborough	$23.4	$23.4	$21.6	$1.83	7.8%

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CHRONIC CARE HOSPITALS

2014 Hospital Profile

Chronic care hospitals are non-acute hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold. Chronic care hospitals treated 29% of all chronic and rehabilitation cases in FY14, while other non-acute hospitals treated 64% and acute hospitals treated 7%. Two chronic care hospitals, Spaulding – North Shore and Radius Specialty Hospital, closed during FY14. Of the four remaining chronic care hospitals, only one earned a profit in FY14. Inpatient days at chronic care hospitals decreased 17.5% between FY10 and FY14.

At a Glance

Hospitals in Cohort:

Kindred Hospital Northeast	Radius Specialty Hospital
Vibra Hospital of Western Massachusetts	Spaulding North Shore
New England Sinai Hospital	Spaulding Hospital Cambridge

Total Beds:
1,042 (26.3% of statewide total)

Average Public Payer Mix:
81.3%, > statewide (72.0%)

Median % Occupancy:
68.3%, < statewide (81.6%)

Total Gross Revenue in FY14:
$795 million (32.1% of statewide total)

Total Inpatient Days:
239,969 (22.0% of statewide total)

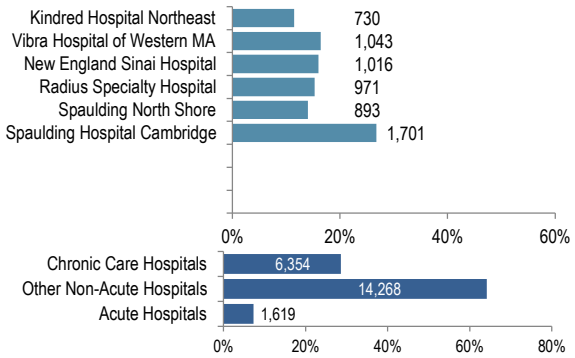
Inpatient:Outpatient Revenue in FY14:
96%:4% (statewide = 85%:15%)

Total Inpatient Discharges:
7,143 (11.7% of statewide total)

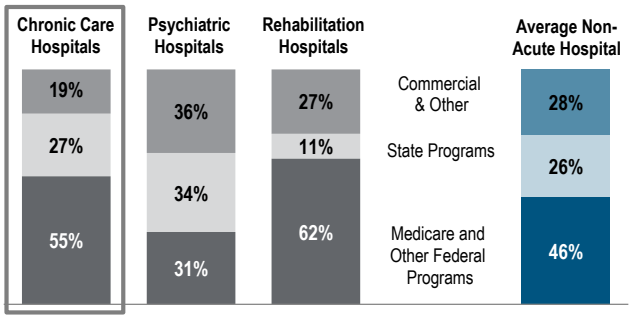
Adjusted Cost per Inpatient Day:
$1,151, > statewide ($830)

Services

What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY14? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?



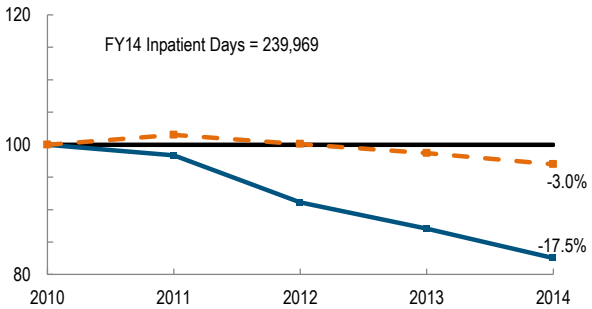
What was this cohort's average payer mix (gross charges) in FY14, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



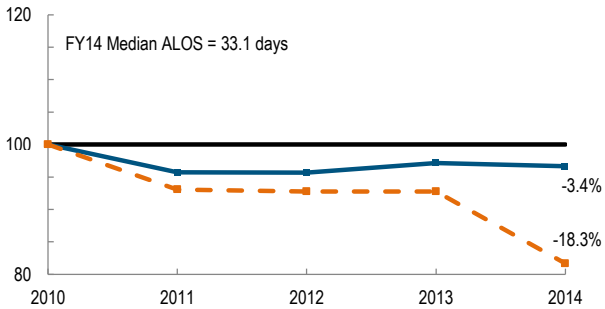
Percentage calculations may not sum to 100% due to rounding

Utilization

How has the volume of this cohort's inpatient days changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY10, and how does this compare to that of other non-acute hospitals? (FY10=100)



Key: Cohort Statewide

For descriptions of the metrics, please see the technical appendix.

CHRONIC CARE HOSPITALS

2014 Hospital Profile

Utilization Trends

Volume of Inpatient Days

	FY10	FY11	FY12	FY13	FY14
Kindred Northeast	51,090	46,258	37,474	34,555	33,984
Vibra of Western MA	58,260	57,745	55,614	54,367	55,175
New England Sinai	59,404	57,612	47,481	44,873	35,467
Radius Specialty	36,038	32,665	32,382	30,625	30,325
Spaulding - North Shore	41,143	41,293	41,986	39,262	37,849
Spaulding - Cambridge	44,798	50,318	49,917	49,507	47,169

Utilization Trends

Average Length of Stay (Days)

	FY10	FY11	FY12	FY13	FY14
Kindred Northeast	44.3	41.3	43.9	54.7	46.2
Vibra of Western MA	54.2	51.2	48.0	48.6	52.9
New England Sinai	36.8	34.4	34.8	38.3	34.9
Radius Specialty	31.6	31.1	30.7	28.2	31.2
Spaulding - North Shore	23.0	23.3	22.7	21.7	22.6
Spaulding - Cambridge	25.4	26.8	26.5	28.2	27.7

Utilization Trends

Volume of Outpatient Visits

	FY10	FY11	FY12	FY13	FY14
Kindred Northeast	0	0	0	0	0
Vibra of Western MA	0	0	0	0	0
New England Sinai	85,304	72,423	94,938	32,520	29,013
Radius Specialty	0	0	0	0	0
Spaulding - North Shore	62,769	67,543	74,504	75,890	80,658
Spaulding - Cambridge	1,359	386	249	323	282

Patient Revenue Trends

Net Patient Revenue per Inpatient Day

	FY10	FY11	FY12	FY13	FY14
Kindred Northeast	$1,007	$1,048	$1,101	$1,012	$1,062
Vibra of Western MA	$892	$864	$963	$916	$971
New England Sinai	$1,206	$1,238	$1,251	$1,224	$1,155
Radius Specialty	$1,275	$1,318	$1,393	$1,159	$1,064
Spaulding - North Shore	$910	$945	$970	$980	$949
Spaulding - Cambridge	$1,156	$1,244	$1,284	$1,350	$1,390

Utilization Trends

Total Net Outpatient Revenue (in millions)

	FY10	FY11	FY12	FY13	FY14
Kindred Northeast	$0.1	$0.1	$0.4	$0.2	$0.1
Vibra of Western MA	$0.0	$0.0	$0.0	$0.0	$0.0
New England Sinai	$2.7	$3.4	$4.2	$2.2	$1.9
Radius Specialty	($5.1)	($4.7)	($6.4)	$0.0	$0.0
Spaulding - North Shore	$5.1	$6.1	$6.9	$6.9	$7.7
Spaulding - Cambridge	$0.0	$0.0	$0.0	$0.0	$0.0

Financial Performance

Total Revenue, Cost, and Profit (Loss) in FY2014

	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Kindred Northeast	$35.7	$36.9	$37.1	($0.14)	-0.4%
Vibra of Western MA	$55.3	$55.3	$53.3	$1.99	0.0%
New England Sinai	$43.2	$43.2	$45.4	($2.18)	-5.0%
Radius Specialty	$32.5	$32.5	$35.4	($2.88)	-8.9%
Spaulding - North Shore	$44.2	$44.2	$52.7	($8.47)	-19.2%
Spaulding - Cambridge	$71.1	$71.1	$73.8	($2.67)	-3.8%

For descriptions of the metrics, please see the technical appendix.

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Non-Acute Specialty Hospitals

2014 Hospital Profile

AdCare Hospital of Worcester is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that concentrates on substance abuse, which it focuses on exclusively. It provides detox and inpatient services, as well as outpatient services. From FY10 to FY14, inpatient days at AdCare increased 3.1%. Outpatient visits increased by 31.6%, while outpatient revenue increased by 60.0% during that period. From FY10 to FY14, AdCare had positive operating and total margins, earning a 12.8% total margin in FY14.

Franciscan Hospital for Children is a non-profit specialty hospital located in Brighton. It focuses on providing chronic care and rehabilitation services to a pediatric population. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY10 and FY14, inpatient days increased 25.5% at the hospital, and outpatient visits increased 14.0%. In the five year period from FY10 to FY14, Franciscan Hospital for Children reported a profit each year except for FY12.

Hebrew Rehabilitation Hospital is a non-profit specialty hospital located in Boston. Hebrew Rehabilitation specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for the Hebrew SeniorLife provider organization, a provider of elder care. Outpatient visits increased 108.0% at the hospital from FY10 to FY14. Hebrew Rehabilitation reported a loss from FY10 through FY14, with a total margin of -7.5% and an operating margin of -7.9% in FY14

AdCare Hospital of Worcester

Worcester, MA

At a Glance

TOTAL STAFFED BEDS: 114

% OCCUPANCY: 90.1%

INPATIENT DISCHARGES in FY14: 6,203

PUBLIC PAYER MIX: 74%

TOTAL REVENUE in FY14: $40,042,950

TAX STATUS: For profit

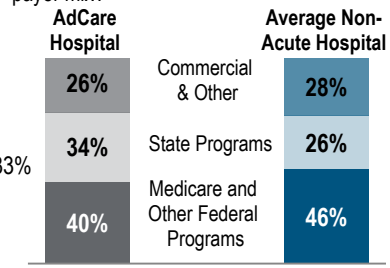
INPATIENT:OUTPATIENT REVENUE in FY14: 67%:33%

ADJUSTED COST PER INPATIENT DAY: $546

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY10	FY11	FY12	FY13	FY14
Average Length of Stay	6.0	6.0	6.1	5.9	6.0
Inpatient Days	36,334	36,874	37,588	36,992	37,474
Outpatient Visits	88,423	93,369	103,879	108,451	116,378
Net Inpatient Service Revenue per Day	$665	$655	$642	$653	$644
Outpatient Revenue (millions)	$6.8	$7.1	$9.0	$10.2	$10.9
Operating Margin	6.4%	6.9%	6.5%	12.6%	12.8%
Total Margin	6.4%	6.9%	6.6%	12.6%	12.8%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	$31	$31	$0	$29	$2.0
2011	$32	$32	$0	$30	$2.2
2012	$36	$36	$0	$34	$2.4
2013	$38	$38	$0	$33	$4.8
2014	$40	$40	$0	$35	$5.1

Franciscan Hospital for Children
Brighton, MA

At a Glance

TOTAL STAFFED BEDS: 112

% OCCUPANCY: 52.9%

INPATIENT DISCHARGES in FY14: 772

PUBLIC PAYER MIX: 64%

TOTAL REVENUE in FY14: $60,723,738

TAX STATUS: Non-profit

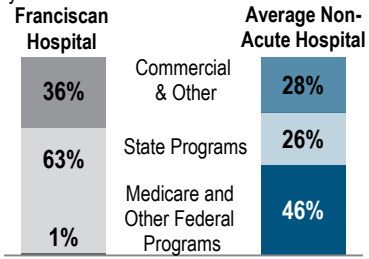
INPATIENT:OUTPATIENT REVENUE in FY14: 57%:43%

ADJUSTED COST PER INPATIENT DAY: $1,171

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY10	FY11	FY12	FY13	FY14
Average Length of Stay	28.5	27.6	27.3	26.4	28.0
Inpatient Days	17,219	20,389	20,802	21,235	21,604
Outpatient Visits	49,155	57,323	52,668	54,920	56,018
Net Inpatient Service Revenue per Day	$1,023	$864	$847	$829	$815
Outpatient Revenue (millions)	$16.8	$14.6	$15.6	$13.0	$13.2
Operating Margin	0.6%	0.9%	-0.8%	1.3%	4.6%
Total Margin	0.6%	0.9%	-0.8%	1.3%	4.6%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	$48	$48	$0	$47	$0.3
2011	$51	$51	$0	$50	$0.5
2012	$52	$52	$0	$53	($0.4)
2013	$56	$56	$0	$55	$0.7
2014	$61	$61	$0	$58	$2.8

Hebrew Rehabilitation Hospital
Boston, MA

At a Glance

TOTAL STAFFED BEDS: 717

% OCCUPANCY: 93.3%

INPATIENT DISCHARGES in FY14: 1,423

PUBLIC PAYER MIX: 85%

TOTAL REVENUE in FY14: $115,959,000

TAX STATUS: Non-profit

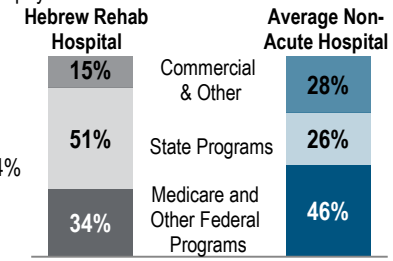
INPATIENT:OUTPATIENT REVENUE in FY14: 96%:4%

ADJUSTED COST PER INPATIENT DAY: $461

CHANGE in OWNERSHIP (FY10-FY14): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY10	FY11	FY12	FY13	FY14
Average Length of Stay	161.9	165.1	172.5	170.8	171.5
Inpatient Days	244,927	247,779	248,385	243,670	244,093
Outpatient Visits	24,453	36,309	46,552	47,298	50,859
Net Inpatient Service Revenue per Day	$397	$393	$392	$399	$398
Outpatient Revenue (millions)	$1.2	$2.5	$3.6	$2.3	$2.7
Operating Margin	-10.2%	-8.7%	-9.1%	-9.1%	-7.9%
Total Margin	-9.7%	-8.3%	-8.7%	-8.7%	-7.5%

Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	$113	$113	$1	$124	($11.0)
2011	$112	$112	$0	$122	($9.3)
2012	$116	$116	$0	$127	($10.2)
2013	$114	$114	$0	$125	($10.0)
2014	$116	$116	$0	$125	($8.7)

CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

TECHNICAL APPENDIX

DATA THROUGH FISCAL YEAR 2014

NOVEMBER 2015

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Technical Appendix Overview

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles- Data through Fiscal Year 2014* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Multi-acute hospital systems were profiled based on financial performance and utilization metrics. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present financial information: the DHCFP-403 Annual Hospital Cost Report (403 Cost Report), the Hospital Discharge Database (HDD), the Hospital Standardized Financial Statement Database, and Audited Financial Statements.

Unless otherwise noted, metrics included in this report are based on financial data reported by acute and non-acute hospitals from Fiscal Year (FY) 2010 to FY14. Discharge data from FY14 included in the acute hospital analysis was reported by acute hospitals in the Hospital Discharge Database, unless otherwise noted. Descriptive acute and non-acute hospital information is from FY14.

Hospital 403 Cost Report:
The 403 Cost Report is submitted each year by acute and non-acute hospitals and it contains data on costs, revenues, and utilization statistics. Acute hospitals are required to complete the 403 Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Non-acute hospitals complete the 403 Cost Report based on their actual year end.

Hospital Discharge Database (HDD):
HDD data is submitted quarterly by acute hospitals and it contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY14 HDD data for the service metrics, which includes discharges between October 1, 2013 and September 30, 2014 for all acute hospitals.

Hospital Standardized Financial Statements:
The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals. They contain information on the hospital's assets, liabilities, revenues, expenses, and profits or losses. They reflect only the hospital's financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

Audited Financial Statements:
Audited Financial Statements are submitted annually by hospitals (or their parent organizations, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year. Audited Financial Statements were used as a source primarily for the multi-acute hospital system profiles.

Quality Data Sources:
To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

Data Verification:
CHIA surveyed payer representatives, acute and non-acute provider representatives, and other state agencies, to refine profile metrics and overall products for this year's publication.

Each year's Hospital 403 Cost Reports, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital's reported financial data were sent to each acute and non-acute hospital for FY10-FY14.

Acute Hospitals

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Multi-Acute Hospital System Affiliation and Location

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system's fiscal year 2014:

Multi-Acute Hospital System	Acute Hospital Member
Baystate Health	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Baystate Wing Hospital[1]
Berkshire Health Systems	Berkshire Medical Center Fairview Hospital
Cape Cod Healthcare	Cape Cod Hospital Falmouth Hospital
CareGroup	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Mount Auburn Hospital New England Baptist Hospital
Heywood Healthcare	Athol Hospital Heywood Hospital
Kindred Healthcare^	Kindred Hospital – Boston Kindred Hospital – Boston North Shore
Lahey Health System	Lahey Hospital & Medical Center Northeast Hospital Winchester Hospital
Partners HealthCare System	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital North Shore Medical Center
Shriners Hospitals for Children^	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
Steward Health Care System[2]	Merrimack Valley Hospital[3] Morton Hospital

[1] Baystate Wing Hospital (formerly Wing Memorial Hospital) joined Baystate Health effective September 1, 2014. For the preceding October 1, 2013 through August 30, 2014 of FY14, Wing Memorial Hospital was a member of UMass Memorial Health Care.
[2] Steward Health Care System information is based on its FY13 Audited Financial Statements.
[3] Merrimack Valley Hospital merged with Steward Holy Family in August 2014.

	Nashoba Valley Medical Center Quincy Medical Center[4] Steward Carney Hospital Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital Steward Saint Anne's Hospital Steward St. Elizabeth's Medical Center
UMass Memorial Health Care	Clinton Hospital HealthAlliance Hospital Marlborough Hospital UMass Memorial Medical Center
Tenet Healthcare^	MetroWest Medical Center Saint Vincent Hospital

^ Kindred Healthcare, Inc., Tenet Healthcare Corporation, and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred, Tenet, or Shriners in the multi-acute hospital system profiles chapter.

Regional Definitions

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital's campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions.[5] The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

Massachusetts Region	Acute Hospital Assigned to Region
Metro Boston	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Hallmark Health Kindred Hospital- Boston Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Mount Auburn Hospital New England Baptist Hospital Newton-Wellesley Hospital Shriners Hospitals for Children – Boston Steward Carney Hospital Steward St. Elizabeth's Medical Center Tufts Medical Center

[4] Quincy Medical Center closed in December 2014.
[5] For descriptions of the regions, see http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf (last accessed October 28, 2015).

Acute Hospitals

Northeastern Massachusetts	Anna Jaques Hospital Emerson Hospital Kindred Hospital- Boston North Shore Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital Merrimack Valley Hospital[6] Nashoba Valley Medical Center North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital
Central Massachusetts	Athol Hospital Clinton Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
Cape and Islands	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
Metro West	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
Western Massachusetts	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Shriners Hospitals for Children – Springfield
Metro South	Beth Israel Deaconess Hospital – Plymouth Morton Hospital Quincy Medical Center[7] Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	Steward Saint Anne's Hospital Southcoast Hospitals Group

[6] Merrimack Valley Hospital merged with Steward Holy Family in August 2014.
[7] Quincy Medical Center closed in December 2014.

Public Payer Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

Critical Access Hospital is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.[8] Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

Sole Community Hospital is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.[9]

[8] In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See 42 CFR 485.601-647.

[9] 42 CFR 412.92.

Acute Hospital Cohorts

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

Academic medical centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

Teaching hospitals are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

Community hospitals are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

Community-Disproportionate Share Hospitals (DSH)[10] are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, MassHealth and other government payers, including Commonwealth Care and the Health Safety Net.

Specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY14 data:

Cohort Designation	Acute Hospital
AMC	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching	Baystate Medical Center Berkshire Medical Center Brigham and Women's Faulkner Hospital Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
Community	Anna Jaques Hospital Baystate Mary Lane Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Cooley Dickinson Hospital Emerson Hospital Hallmark Health MetroWest Medical Center Milford Regional Medical Center

[10] M.G.L. c. 6D, Section 1 defines a Disproportionate Share Hospital (DSH) as a hospital with a minimum of 63% of patient charges attributed to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

	Nantucket Cottage Hospital Newton-Wellesley Hospital Northeast Hospital South Shore Hospital Winchester Hospital
Community-DSH	Athol Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Beth Israel Deaconess Hospital – Plymouth^ Cape Cod Hospital Clinton Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Holyoke Medical Center Lawrence General Hospital Lowell General Hospital^ Marlborough Hospital Martha's Vineyard Hospital Mercy Medical Center Merrimack Valley Hospital[11] Morton Hospital Nashoba Valley Medical Center^ North Shore Medical Center Quincy Medical Center[12] Signature Healthcare Brockton Hospital Southcoast Hospitals Group Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital^ Sturdy Memorial Hospital Steward Saint Anne's Hospital
Specialty	Boston Children's Hospital Dana-Farber Cancer Institute Kindred Hospital – Boston Kindred Hospital – Boston North Shore Massachusetts Eye and Ear Infirmary New England Baptist Hospital Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield

^These hospitals were in different cohorts in FY13.

[11] Merrimack Valley Hospital merged with Steward Holy Family in August 2014.
[12] Quincy Medical Center closed in December 2014.

Hospital system affiliation notes with which parent company, if any, the hospital is affiliated.

Change in ownership notes change in ownership during the period of the analysis. In some cases, changes in ownership may have occurred subsequent to FY14.

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use.

Inpatient occupancy rate is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Special public funding indicates whether the hospital received Delivery System Transformation Initiative (DSTI), Infrastructure and Capacity Building (ICB) or Community Hospitals Acceleration, Revitalization and Transformation (CHART) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY14. For more information please see the Special Public Funding notes contained in Exhibit C of this appendix.

Trauma Center designation is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.[13] While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

> **Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.
>
> **Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.
>
> **Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

Case mix index (CMI) is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

The APR grouper and Massachusetts-specific baseline cost weights used in this year's publication are consistent with those used in last year's publication. All case mix information included in this report has been grouped under APR grouper, version 30.

(Case Mix) Adjusted Cost per Discharge measures the hospital's adjusted inpatient costs divided by the product of the number of the hospital's discharges and its case mix index. Hospital costs were

[13] American Trauma Society, Trauma Center Levels Explained. Available at: http://www.amtrauma.org/?page=TraumaLevels (last accessed October 28, 2015).

adjusted to remove direct medical education and physician compensation from the calculation. This measure compares the hospital's inpatient cost growth on a patient volume and severity adjusted basis. See Exhibit D of this appendix for more information about this calculation.

Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD) measures the hospital's NPSR divided by the product of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

> **Inpatient Net Revenue per CMAD** growth rate for each hospital was calculated by dividing the hospital's Net Patient Service Revenue (NPSR) by the total CMADs for FY13 and FY14 and determining the percent change.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's 403 Cost Report.

Outpatient revenue is the hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

> **Outpatient Revenue** growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services between FY13 and FY14. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

Total revenue is the hospital's total unrestricted revenue in FY14.

Total surplus (loss) is the hospital's reported profit/loss in FY14.

Public payer mix is determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information.

Commercial payer price level represents the hospital's calendar year 2014 commercial composite relative price percentile. This percentile was derived by taking the simple average of the hospital's blended (inpatient and outpatient) relative price percentiles across all payers. The composite percentile gives a sense of the rank of a provider's relative price compared to other hospitals across all commercial payers. The relative price composite percentile is calculated from data submitted by the following commercial payers: Aetna, Blue Cross Blue Shield of MA, CeltiCare, Cigna – East, Cigna – West, Fallon Health, Harvard Pilgrim Health Care, Health New England, Minuteman Health, Network Health, Tufts Health Plan, UniCare, and United HealthCare. Data from Neighborhood Health Plan was excluded due to data quality issues.

Top three commercial payers represent those with the largest percentage share of total commercial payments at that hospital.

Inpatient discharges data was sourced from the 403 Cost Report. See the Inpatient Discharge metric for more information.

> **Inpatient discharges** growth rate for each hospital measures the percent change in discharges for inpatient admissions between FY13 and FY14.

Emergency department visits include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

> **Emergency department visits** growth rate for each hospital measures the percent change in emergency department visits between FY13 and FY14.

Outpatient visits are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals.

> **Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital between FY13 and FY14.

Readmission rate is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

Early elective deliveries rate measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-two acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2014-2015. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.

Acute Hospital Profiles: Services

Most common inpatient diagnosis related groups (DRGs) and the percentage of those DRGs treated at that hospital for the region.

- **Data Source:** FY14 HDD data and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Exhibit B of this Appendix.

Most common communities from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY14 HDD data for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.
- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A **hospital's top communities by inpatient origin** were determined using a hospital's FY14 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

Acute Hospital Profiles: Quality Measures

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

Health Care-Associated Infections of three different types are reported:

1. Central Line-Associated Blood Stream Infections (CLABSI): This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.

2. Catheter-Related Urinary Tract Infections (CAUTI): This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital's characteristics and case mix.

3. Surgical Site Infections (SSI): Colon Surgery: This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital's characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2013
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

  All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.
- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

Hospital Readmission rates are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA's Hospital Discharge Database
- **Data Period:** FY 2011, FY 2013
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
- **Cohort Calculation:** Not applicable
- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Source:** 403 Cost Report: Schedule 3, Row 22, Column 12
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY10 as the base year. FY11: (FY11- FY10)/FY10, FY12: (FY12-FY10)/FY10, FY13: (FY13-FY10)/FY10, FY14: (FY14-FY10)/FY10.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY10 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Change in volume of outpatient visits measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Source:** 403 Cost Report: Schedule 5a, Row 39, Column 2
- **Hospital index calculation:** Calculate the percent change between each year, using FY10 as the base year. FY10: (FY11-FY10)/FY10, FY12: (FY12-FY10)/FY10, FY13: (FY13-FY10)/FY10, FY14: (FY14-FY10)/FY10.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY10 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Patient Revenue Trends

Net inpatient service revenue per case mix adjusted discharge (CMAD) measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Source:** NPSR and discharges were sourced from the 403 Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the 403 Cost Report and the HDD. Hospitals have explained that this is due to:

- *Timing* – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- *HDD edits* – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the 403 Cost Report;
- Payer classification/status differences between the 403 Cost Report and HDD;

Since a hospital's case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the 403 Cost Report, the calculation of a hospital's total case mix adjusted discharges equals the number of discharges reported on the 403 Cost Report, multiplied by the case mix index.

Change in total outpatient revenue measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Source:** 403 Cost Report: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2

- **Hospital index calculation:** Displays the percent change between each year, using FY10 as the base year. FY11: (FY11-FY10)/FY10, FY12: (FY12-FY10)/FY10, FY13: (FY13-FY10)/FY10, FY14: (FY14-FY10)/FY10.

- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY10 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Financial Performance

Total Revenue, Total Costs and Profit / Loss measure the amount of the subject hospital's Total Revenue, Total Costs, and Total Profit or Loss for each year from 2010 through 2014.

- **Data Sources:** Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

Total Margin measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)

- **Cohort Calculation:** Calculated median for the cohort group.

Operating Margin measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)

- **Cohort Calculation:** Calculated median for the cohort group.

Note: Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, hospitals were retroactively assigned to their FY14 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

Acute Hospital Cohort Profile: Metric Descriptions

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.[14] The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

Inpatient Severity Distribution measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY14
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:

The most common inpatient DRGs for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

Payer mix was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospitals.

[14] Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

Non-Acute Hospitals

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

Non-Acute Hospital Location and Multi-Hospital System Affiliations

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital's campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject acute hospital is a member. This information was derived from the hospital's Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

Multi-Hospital System	Non-Acute Hospital Member
Arbour Health System	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Westwood Pembroke Hospital
HealthSouth	HealthSouth Rehabilitation of Western Massachusetts
Kindred Health Care	Kindred Hospital Northeast
Partners HealthCare System	McLean Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding North Shore[15] Spaulding Rehabilitation Hospital Spaulding Hospital Cambridge
Steward Health Care System	New England Sinai Hospital
Whittier Health System	Whittier Pavilion Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below[16]:

Psychiatric hospitals are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.[17]

Chronic care hospitals are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

[15] Spaulding North Shore closed on July 31, 2015.
[16] State-owned non-acute hospitals are not included in this publication.
[17] 42 CFR 412.29(b)(2)

Non-Acute Hospitals

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

Cohort Designation	Non-Acute Hospital
Psychiatric Hospitals	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Baldpate Hospital Bournewood Hospital McLean Hospital Walden Behavioral Care Westwood Pembroke Hospital Whittier Pavilion
Rehabilitation Hospitals	Braintree Rehabilitation Hospital HealthSouth Fairlawn Rehabilitation Hospital HealthSouth Rehabilitation Hospital of Western Massachusetts New Bedford Rehabilitation Hospital New England Rehabilitation Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding Rehabilitation Hospital Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough
Chronic Care Hospitals	Kindred Hospital Northeast New England Sinai Hospital Radius Specialty Hospital[18] Spaulding Hospital Cambridge Spaulding North Shore[19] Vibra Hospital of Western Mass
Specialty Non-Acute Hospitals	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital

[18] Radius Specialty Hospital closed in September 2014.
[19] Spaulding North Shore closed on July 31, 2015.

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

Percent occupancy rate is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Total inpatient days include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

Total inpatient discharge information was sourced from Schedule 3 of the 403 Cost Report.

Public payer mix was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

Total revenue was sourced from the hospital's 403 Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's 403 Cost Report.

Adjusted cost per inpatient day measures the hospital's adjusted inpatient costs divided by the hospital's total patient days. Hospital costs were adjusted to remove direct medical education and physician compensation from the calculation. See Exhibit E for an example of the Inpatient Cost per Day calculation.

Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources:** 403 Cost Report; Schedule 3, Column 12, Rows 1 through 21.
- **Hospital calculation:** Hospital's absolute count by weighted average bed type.
- **Cohort calculation:** Hospital's absolute bed type count divided by cohort's total discharges by that specific bed type.
- Note: Psychiatric discharges do not include substance abuse discharges.

Payer Mix measures the distribution of total GPSR for FY14 across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Source:** 403 Cost Report: Schedule 5a, Row 44, Columns 3 through 14
- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Commonwealth Care + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.
- **Cohort Calculation**: Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.
- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
    - Note: "Average Hospital" group includes specialty hospitals.

Change in Volume of Inpatient Days includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 6, Row 22
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY10 as the base year. FY11: (FY11-FY10)/FY10, FY12: (FY12-FY10)/FY10, FY13: (FY13-FY10)/FY10, FY14: (FY14-FY10)/FY10.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY10 = median of (% change for hospital A, % change for hospital B, % change for hospital C…)

Median Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 13, Row 22
- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY10. FY11: (FY11-FY10)/FY10, FY12: (FY12-FY10)/FY10, FY13: (FY13-FY10)/FY10; FY14: (FY14-FY10)/FY10. This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY10.

Non-Acute Hospital Profiles: Metric Descriptions

Non-Acute Hospital Profiles: Utilization

Volume of Inpatient Days includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 6, Row 22

Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 13, Row 22

Volume of Outpatient Visits measures the total outpatient visits to a hospital.

- **Data Source:** 403 Cost Report; Schedule 5a, Column 2, Row 39

Non-Acute Hospital Profiles: Patient Revenue Trends

Inpatient Revenue per Day is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Source:** NPSR was sourced from schedule 5a, column 2, rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue) of the 403 Cost Report. Inpatient days were sourced from Schedule 3, column 6, row 22 of the 403 Cost Report.

Total Outpatient Revenue measures a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Source:** 403 Cost Report; Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

Non-Acute Hospital Profiles: Financial Performance

Operating Revenue, Total Revenue, Total Costs and Profit / Loss displays the amount of each hospital's Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss for FY14.

- **Data Sources:** 403 Cost Report, Schedule 23. The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 55 + row 56 + row 57+ row 60 + row 64), Total Expenses (row 73), and Profit / Loss: (row 74).

Total Margin measures the subject hospital's overall financial performance.

- **Data Source:** 403 Cost Report; Schedule 23, Column 2, Row 173

Note: Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

Multi-Acute Hospital Systems

The Health System Profiles chapter consists of two sections: (1) a comparative graphic showing the nine multi-acute hospital systems in Massachusetts[20] drawn to scale based on operating revenue, and (2) individual pages for each system detailing the organizations that comprise the system.

The **Comparative Overview** is a proportional representation of the size of each system using operating revenue from the smallest system (Heywood Healthcare) as the base.

- For example: in FY14, Berkshire Health Systems had approximately $472 million in operating revenue, which is 3.6 times greater than Heywood Healthcare's approximately $132 million in operating revenue. Accordingly, Berkshire Health System's circle is presented with an area 3.6 times larger than Heywood Healthcare's circle.

Organizations within each system profile are grouped into the following categories:

- **Acute Hospitals:** a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

- **Non-Acute Hospitals:** typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

- **Physician Organizations:** A medical practice comprised of two or more physicians organized to provide patient care services.

- **Health Plans:** An organization that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

- **Other Health Care Providers:** any organization within a system that is engaged in providing health care services and is not categorized as an acute hospital, a non-acute hospital, a physician organization, or a health plan.

- **Other Organizations:** all organizations that are not hospitals, physician organizations, health plans, or other health care providers. Operating revenue and net asset values were derived by adding up values for any organization in the financial statements not already categorized in the profile as a health care-related organization.

Some system financial statements reported to CHIA included the names and descriptions of organizations but did not include financial information for them. These organizations are presented in the profiles in text format, rather than being displayed within a circle like the other organizations.

Unless otherwise noted, metrics and descriptive information included in these profiles are based on financial data from FY14 reported by the systems.

To compile the profiles, CHIA relied on the following primary data sources: consolidated system-level Audited Financial Statements, hospital Audited Financial Statements, and the 403 Cost Report.

[20] These multi-acute system profiles exclude Kindred Healthcare, Inc., Tenet Healthcare Corporation, and Shriners Hospitals for Children which are multi-state health systems with a large presence outside of Massachusetts. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred, Tenet, or Shriners system profiles.

All revenue and net asset information is sourced from each system's parent organization and affiliates' FY14 consolidated Audited Financial Statements.[21]

Unless otherwise noted, each system's total **Operating Revenue** and **Net Assets** equal the sum of the components displayed in the individual system profiles, less any intercompany eliminations.

Consolidating Eliminations are intercompany transactions that are eliminated during the financial consolidation process. Eliminations were totaled from operating revenue and net asset information in the Audited Financial Statement from each system. The total of the operating revenue and net assets after accounting for eliminations may not sum to the overall system operating revenue and net asset values displayed on each profile due to rounding.[22]

Data Verification:
Data verification reports including each system's reported data were sent to each system. Changes made as a result of the data verification process include revisions to the descriptions of some organizations and additional financial information details for certain organizations.

[21] Steward Health Care System's revenue and net asset information is sourced from its FY13 consolidated Audited Financial Statements, which is the most recent consolidated-level data available to CHIA.
[22] Data used in Steward Health Care System's organizational breakout only includes financial information from the hospital entities and does not include consolidation eliminations.

Operating revenue is revenue earned from services associated with patient care, including academic research. It excludes revenue earned from non-operating activities, such as gains associated with the sale of property or income from investments.

Net assets reflect the difference between total assets and total liabilities. It is the not-for-profit equivalent of Owner's Equity.

Total profit/loss (often presented in hospital financial statements as "Excess of revenues over expenses") and **total margin** are measures of the system's overall financial performance, the former being in dollars and the latter a percentage. CHIA standardized the calculation of total margins to account for the varied presentation of financial statement reporting among health systems.

- **Total profit/loss** was derived from "Excess of revenues over expenses" or "Net profit/loss" figures reported in each system's consolidated Audited Financial Statements.

- **System calculation:** Total Margin = Total Profit/Loss ÷ (Operating Revenue + Non-Operating Gains/Losses)

Employee statistics show the approximate number of employees in the system.

Multi-Acute Hospital Systems: Metric Descriptions

The **Percentage of Massachusetts Acute Hospitals** section shows the proportion of total discharges and inpatient/outpatient revenue at each system in relation to all acute hospitals in Massachusetts. Specialty hospitals were included when preparing these calculations. This information was calculated using data from annual 403 Cost Reports.

Percent of Discharges is the number of inpatient discharges.

- **Data Source:** 403 Cost Report: Schedule 3, Column 12, Row 22
- **System Calculation:** Discharge Percent = Total discharges across all acute hospitals in a system divided by total statewide acute hospitals' discharges multiplied by 100

Percent of Inpatient Revenue[23] reflects each system's inpatient net patient service revenue (NPSR) as a percentage of total inpatient NPSR reported by Massachusetts acute hospitals in FY14.

- **Data Source:** 403 Cost Report: Schedule 5a, Column 2, Rows 65.01
- **System Calculation:** Inpatient NPSR Percent = Total inpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals' inpatient NPSR multiplied by 100

Percent of Outpatient Revenue reflects each system's outpatient net patient service revenue (NPSR) as a percentage of total outpatient NPSR reported by Massachusetts acute hospitals in 2014.

- **Data Source:** 403 Cost Report: Schedule 5a, Column 2, Rows 78.01
- **System Calculation:** Outpatient NPSR Percent = Total outpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals' outpatient NPSR multiplied by 100

[23] Inpatient and outpatient premium revenue were considered in calculating the system percentages of inpatient and outpatient revenue, but no difference was found in the rounded percentages when premium revenue was included compared to when premium revenue was not included.

Multi-Acute Hospital Systems: Other Organizations

Financial information for **Other Organizations** includes revenue and net assets from organizations that did not appear to fit into the other categories (acute hospital, non-acute hospital, health plan, etc.). It includes parent-level entities as well as the organizations listed below within each system. Descriptions for these organizations were sourced directly from Audited Financial Statements.

Baystate Health, Inc.

- Baystate Administrative Services, Inc., a management support entity
- Baystate Total Home Care, Inc., a not-for-profit entity that holds, leases, and manages real estate on behalf of Baystate Medical Center
- Baystate Health Foundation, Inc., a charitable organization
- Baystate Health Insurance Company, Ltd., a captive insurance company
- Ingraham Corporation, a holding company for Baystate Health Ambulance

Berkshire Health Systems, Inc.

- BHS Management Services, Inc., a corporation that provides management services to Berkshire's affiliates
- Berkshire Indemnity Company SPC, LTD., a segregated portfolio within Berkshire Insurance Company SPC, LTD., a captive insurance entity
- Tri-State Medical Management Corporation, a corporation that manages a physician office location for the benefit of Fairview Hospital

Cape Cod Healthcare, Inc.

- Cape Cod Hospital Medical Office Building, a for-profit provider of leased and subleased space to Cape Cod Hospital and related affiliations
- Cape Cod Healthcare Foundation, Inc., a not-for-profit corporation organized to provide development and fundraising support to Cape Cod Healthcare
- Cape Health Insurance Company, a captive insurance company

CareGroup, Inc.

- Jordan Health Systems, Inc., a not-for-profit management corporation
- Atlantic Medical Management, Inc., a for-profit management corporation that existed through December 31, 2013
- Milton Hospital Foundation, Inc., is the parent organization of Beth Israel Deaconess Hospital – Milton and Community Physician Associates
- Jordan Community Accountable Care Organization, Inc., a for-profit accountable care organization

Heywood Healthcare, Inc.

- Heywood Hospital Realty Corporation, a corporation that owns medical office buildings

Lahey Health System, Inc.

- Lahey Health Shared Services, Inc., a supporting corporation with the purpose of providing administrative support to the System and its affiliates
- Lahey Clinic Foundation, Inc., a corporation organized to hold capital assets, investments, debt, and infrastructure costs
- Winchester Community Accountable Care Organization, Inc. (WCACO), an accountable care organization
- Northeast Health System, Inc., a corporation that functioned as the holding company for Northeast Hospital Corp. and the Northeast affiliates until July 1, 2014
- Lahey Clinic Insurance Company, Ltd., a captive reinsurance company
- Winchester Healthcare Enterprises, Inc., is an organization that owns and manages enterprises that complement and enhance the financial viability of the Winchester Healthcare system. Enterprise owns 50 percent of Winchester Highland Management LLC, which provides managed care information to Winchester Hospital, Highland Healthcare Associates IPA, Inc., and other

clients. Lahey Clinical Performance Network, LLC, a corporation organized to contract with payers on behalf of participating providers and/or care units that are part of the System
- Lahey Clinical Performance Accountable Care Organization, LLC, a corporation organized to operate an accountable care organization and participate in the Federal Medicare Shared Savings Program
- Lahey Clinic Canadian Foundation, a Canadian foundation that performs fundraising activities directed at citizens and residents of Canada
- Addison Gilbert Society, Inc., a charitable organization
- Lahey Physician Community Organization, Inc., a physician organization
- Reading Nominee Trust, a company organized for the purposes of ownership and management of medical office condominiums
- Winchester Hospital Foundation, Inc., a company organized for the purpose of fundraising and philanthropic activities
- Winchester Healthcare Management, Inc., is the parent corporation of an integrated health care delivery system in Winchester, Massachusetts
- Winchester Healthcare Indemnification LTD, a Winchester Hospital captive insurance company, which in FY15 is part of Lahey Clinic Insurance Company, Ltd.

Steward Health Care System, LLC

- Steward Health Care Network, Inc., an accountable care organization that also negotiates and monitors managed care contracts
- Tailored Risk Assurance Company, Ltd., a captive insurance company
- Steward has partnered with two Massachusetts health plans to create community hospital network insurance products:
    - Steward Community Care is a partnership with Fallon Community Health Plan
    - Steward Community Choice is a partnership with Tufts Health Plan

UMass Memorial Health Care, Inc.

- UMass Memorial Health Ventures, Inc., a joint venture interest holder that includes UMass's interest in Fairlawn Rehabilitation Hospital
- UMass Memorial Realty, Inc., a real estate company
- Marlborough Hospital's Affiliate: Controlled Entity
- HealthAlliance Realty, Inc., a company organized to manage and maintain real estate
- Central New England HealthAlliance, Inc., the parent organization of HealthAlliance Hospitals, Inc.
- UMass Memorial Hospitals, Inc., the sole corporate member of Central New England HealthAlliance, Inc., Clinton Hospital Association, and Marlborough Hospital

Acute Hospitals

Athol Hospital responded to the FY10 to FY14 data verification process for FY12 through FY14 data only.

Beth Israel Deaconess Medical Center (BIDMC) reported Graduate Medical Education (GME) costs on more than one line in the 403 Cost Report, and the corresponding statistics for those GME costs in more than one column on Schedules IX and III, respectively, on the 403 Cost Report. To ensure inclusion of these additional reported fields, CHIA manually calculated total GME expenses for BIDMC.

Beth Israel Deaconess Hospital- Plymouth (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014. The CareGroup system profile includes data for Beth Israel Deaconess Hospital –Plymouth prior to the affiliation with BIDMC in FY14 (October 1, 2013 through December 31, 2013).

Boston Medical Center
Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:

1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

Kindred Hospitals have limited acute hospital information included in this report, as they are considered long-term acute care hospitals. Kindred Hospital- Boston and Kindred Hospital- Boston North Shore are acute hospitals; however, as their data does not align with the other acute hospitals, they are not included in the cohort analysis.

Lowell General Hospital acquired Saints Medical Center effective July 1, 2012. For FY12, the Financial Statement data submitted by Lowell General Hospital includes 3 months of financial data for Saints Medical Center, in addition to 12 months of financial information for Lowell General Hospital. Saints Medical Center did not submit additional financial statement data for FY12. Each entity submitted a separate 403 Cost Report for FY09 through FY12. For FY14, both Financial Statement and 403 Cost Report data submitted by Lowell General Hospital includes Saints Medical Center data.

On October 20, 2014, Tufts Medical Center and Lowell General Hospital combined under a new parent company (Wellforce) and created a new multi-acute hospital system.

Mercy Hospital changed its fiscal year end date from December 31 to June 1 beginning July 1, 2013. Its 2013 Financial Statement filing reflects six months of data (January 1, 2013- June 30, 2013).

Merrimack Valley Hospital, owned by Steward Health Care System, merged with Steward Holy Family Hospital, and became a campus of Steward Holy Family Hospital effective August 2014.

North Adams Regional Hospital announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

Noble Hospital was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

Quincy Medical Center closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

Saints Medical Center submitted 403 Cost Report data for FY09 through FY14, but financial statements only for FY09 through FY11 due to a merger with Lowell General Hospital effective July 1, 2012.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11. Profiles for the Shriners hospitals are included for the first time in this year's publication.

Steward Good Samaritan Medical Center is located in the Metro South region; however, one of its campuses is located in Metro West region. Information for the campus located in Metro West is included in the Steward Good Samaritan Medical Center metrics.

Steward Health Care System: Fiscal year data for certain hospitals in the Steward Health Care System was annualized for comparison purposes.

Steward Health Care acquired six hospitals in FY10:

1. Steward St. Elizabeth's Medical Center
2. Steward Saint Anne's Hospital
3. Steward Carney Hospital
4. Steward Good Samaritan Medical Center
5. Steward Norwood Hospital
6. Steward Holy Family Hospital

FY11 403 Cost Report data for these hospitals reflects a period of 329 days, while FY10 403 Cost Report data reflects a period of 401 days. To account for these variances, 403-sourced data was annualized for these two fiscal years.

Winchester Hospital became a member of Lahey Health in July 2014.

Non-acute Hospitals

Spaulding Hospital Cambridge (formerly Youville Hospital) did not submit 403 Cost Report data for FY09 due to a purchase transaction by Spaulding Hospital effective November 15, 2009. The 403 Cost Report submitted for FY10 reflects a partial year of 10.5 months. No adjustments were made to annualize as this was the first year of operations, and CHIA determined that the report would not materially distort the trend analysis. As of FY14, Spaulding Hospital Cambridge no longer provides outpatient services.

Bournewood Hospital is a sub-chapter S corporation.

Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014.

Whittier Pavilion began operations in FY09; therefore, FY09 data is not be comparable to its subsequent years. In addition, outpatient services began in FY14. FY14 outpatient data represents a partial year of operation for these services.

Spaulding North Shore discontinued inpatient operations as of July 31, 2015.

Multi-Acute Hospital Systems

Baystate Health, Inc.

- In September 2014, UMass Memorial Health Care transferred ownership of Wing Memorial Hospital to Baystate Health.
- In June 2015, Baystate Health acquired The Trustees of Noble Hospital, Inc. and Subsidiaries. Noble Hospital was renamed Baystate Noble Hospital.

CareGroup, Inc.

- The financial figures on CareGroup's system profile were sourced separately from Audited Financial Statements for CareGroup, Inc. and Subsidiaries, Beth Israel Deaconess Medical Center, Inc. and Affiliates, Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates, Beth Israel Deaconess Hospital – Plymouth, Inc. and Affiliates, Mount Auburn Hospital and Subsidiary, and New England Baptist Hospital and Affiliate. CareGroup notes that it operates under a "confederation model in which the affiliates jointly borrow and purchase common services such as information technology support, but otherwise operate on a largely autonomous basis."[24]
- On January 1, 2014, Beth Israel Deaconess Medical Center became the sole corporate member of Jordan Health Systems, Inc. (Jordan). Jordan consists of Jordan Hospital, a local physicians' practice (Jordan Physician Associates), and management entities. Jordan Hospital was renamed Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth). In order to display BID-Plymouth as a separate entity within the organization, the CareGroup system profile includes financial data for BID-Plymouth for the three months prior to its affiliation with BIDMC in FY14 (October 1, 2013 through December 31, 2013).

Lahey Health System, Inc.

- In October 2013, Winchester Healthcare Management, Inc. and Affiliates announced its intention to become a member of Lahey Health. The transaction went into effect in July 2014. Lahey's system profile does not include Winchester's financial information prior to the affiliation.
- In July 2014, Lahey announced its intention to become the sole corporate member of the Visiting Nurse Association of Middlesex-East, Inc. (VNAME) and the parent of VNAME's affiliate, Community Care, Inc. The transaction went into effect in October 2014.

Partners HealthCare System, Inc.

- Effective February 1, 2015, Partners Community HealthCare, Inc. (PCHI) became Partners Community Physicians Organization (PCPO), which functions primarily as a physician organization.

Steward Health Care System, LLC

- In March 2014, Steward announced its intention to make Merrimack Valley Hospital, which was already owned by Steward, a campus of Steward Holy Family Hospital. This event went into effect in August 2014.
- On November 6th, 2014, Steward announced an imminent closure of Quincy Medical Center, which occurred on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

UMass Memorial Health Care, Inc.

- In September 2014, UMass Memorial Health Care transferred ownership of Wing Memorial Hospital to Baystate Health. In FY14, Wing recorded $74.9 million in revenue and $1.4 million in excess of revenue over expenses while still with UMass.
- In June 2014, UMass Memorial Health Ventures, Inc. sold a portion of its share in Fairlawn Rehabilitation Hospital to New England Rehabilitation Management Co., LLC, which is a subsidiary of HealthSouth Corporation. UMass now has a 20% share of Fairlawn. Previously, Fairlawn had been operated as a 50-50 joint venture between UMass and HealthSouth.

Additional information on changes to health systems can be found on the Health Policy Commission's website under Material Change Notices. Available at: www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews (last accessed October 28, 2015).

[24] See http://www.caregroup.org/CGOverview.asp (last accessed October 28, 2015).

Technical Appendix:
Exhibit B. Diagnosis Related Groups (DRGs)

Diagnosis Related Groups (DRGs) are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital's discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

Abbreviated Description	Description	APR DRG v.30
3rd Degree Brn w Skn Grft	Extensive 3rd Degree Burns w Skin Graft	841
Acute Leukemia	Acute Leukemia	690
Acute Myocardial Infarct.	Acute Myocardial Infarction	190
Adjust Dis/Neuroses exc DD	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
Alcohol & Drug w/ Rehab	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
Alcohol Abuse & Dependence	Alcohol Abuse & Dependence	775
Angina Pectoris	Angina Pectoris & Coronary Atherosclerosis	198
Appendectomy	Appendectomy	225
Asthma	Asthma	141
Bacterial Skin Infections	Cellulitis & Other Bacterial Skin Infections	383
Bipolar Disorders	Bipolar Disorders	753
Bone Marrow Transplant	Bone Marrow Transplant	3
Bronchiolitis Pneumonia	Bronchiolitis & RSV Pneumonia	138
Burns w/ or w/o Skin Grft	Partial Thickness Burns w Or w/o Skin Graft	844
C. Spinal Fusion & Other Procs	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
Card Cath - Heart Disease	Cardiac Catheterization For Ischemic Heart Disease	192
Cardiac Arrhythmia	Cardiac Arrhythmia & Conduction Disorders	201
Cardiac Valve w/o Cath	Cardiac Valve Procedures w/o Cardiac Catheterization	163
CC W Circ Disord Exc IHD	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
Cesarean Delivery	Cesarean Delivery	540
Chemotherapy	Chemotherapy	693
Chest Pain	Chest Pain	203
Cleft Lip & Palate Repair	Cleft Lip & Palate Repair	95
COPD	Chronic Obstructive Pulmonary Disease	140
Craniotomy; exc Trauma	Craniotomy Except For Trauma	21
CVA Occlusion w/ Infarct	CVA & Precerebral Occlusion W Infarct	45
D&L Fusion exc Curvature	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304

D&L Fusion for Curvature	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
Degen Nrvs Syst exc MS	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
Depression exc MDD	Depression Except Major Depressive Disorder	754
Digestive Malignancy	Digestive Malignancy	240
Diverticulitis/osis	Diverticulitis & Diverticulosis	244
Drug/Alcohol Abuse, LAMA	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
Eye Procs except Orbit	Eye Procedures Except Orbit	73
Factors Influ Hlth Status	Signs, Symptoms & Other Factors Influencing Health Status	861
Foot & Toe Procedures	Foot & Toe Procedures	314
Full Burns w/ Skin Graft	Full Thickness Burns w Skin Graft	842
Hand & Wrist Procedures	Hand & Wrist Procedures	316
Heart Failure	Heart Failure	194
Hip & Femur; Non-Trauma	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
Hip Joint Replacement	Hip Joint Replacement	301
Infects- Upper Resp Tract	Infections Of Upper Respiratory Tract	113
Intervertebral Disc Excis	Intervertebral Disc Excision & Decompression	310
Intestinal Obstruction	Intestinal Obstruction	247
Kidney & UT Infections	Kidney & Urinary Tract Infections	463
Knee & Lower Excpt Foot	Knee & Lower Leg Procedures Except Foot	313
Knee Joint Replacement	Knee Joint Replacement	302
Lymphoma & Non-Acute Leuk	Lymphoma, Myeloma & Non-Acute Leukemia	691
Maj Cranial/Facial Bone	Major Cranial/Facial Bone Procedures	89
Maj HEM/IG Dx exc SCD	Major Hematologic/Immunologic Diag Exc Sickle Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480
Maj Resp & Chest Proc	Major Respiratory & Chest Procedures	120
Maj Resp Infect & Inflam	Major Respiratory Infections & Inflammations	137
Maj Sml & Lrg Bowel Procs	Major Small & Large Bowel Procedures	221
Maj. Depressive Disorders	Major Depressive Disorders & Other/Unspecified Psychoses	751
Malignancy- Hept/Pancreas	Malignancy Of Hepatobiliary System & Pancreas	281
Mastectomy Procedures	Mastectomy Procedures	362
Newborn	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
Non-Bact Gastro, Nausea	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
O.R. Proc for Tx Comp	O.R. Procedure For Other Complications Of Treatment	791

Opioid Abuse & Dependence	Opioid Abuse & Dependence	773
Org Mental Hlth Disturb	Organic Mental Health Disturbances	757
Other Anemia and Blood Dis	Blood Other Anemia & Disorders of Blood & Blood-Forming Organs	663
Other Antepartum Dxs	Other Antepartum Diagnoses	566
Other Digestive System Dx	Other Digestive System Diagnoses	254
Other ENT & Cranial Dxs	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
Other ENT Procedures	Other Ear, Nose, Mouth & Throat Procedures	98
Other Nervous Syst Procs	Other Nervous System & Related Procedures	26
Other Pneumonia	Other Pneumonia	139
Other Resp & Chest Procs	Other Respiratory & Chest Procedures	121
Othr Back & Neck Disorder	Other Back & Neck Disorders, Fractures & Injuries	347
Othr Maj Head/Neck procs	Other Major Head & Neck Procedures	91
Othr Muscl Sys & Tis Proc	Other Musculoskeletal System & Connective Tissue Procedures	320
Othr Muscle-skel Syst Dx	Other Musculoskeletal System & Connective Tissue Diagnoses	351
Othr O.R. Procs for Lymph/HEM	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
Othr Skin & Breast Dis	Other Skin, Subcutaneous Tissue & Breast Disorders	385
Othr Skin, Tis & Related	Other Skin, Subcutaneous Tissue & Related Procedures	364
Pancreas Dis exc Malig	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136
Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dxs	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
Syncope & Collapse	Syncope & Collapse	204
Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317

Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560

Technical Appendix:
Exhibit C. Special Public Funding

Delivery System Transformation Initiatives (DSTI) is a federal-state partnership that provides incentive payments to support and reward seven safety net hospitals in Massachusetts for investing in integrated care, quality innovations, and infrastructure to support alternative payment models. The DSTI amounts listed in the table below are to be distributed over a three year period.

Infrastructure & Capacity Building (ICB) program is a federal and state-funded program administered by MassHealth to help hospitals transition to integrated delivery systems that provide more effective and cost-efficient care to patients in need. The ICB amounts listed below represent awards in FY14.

The **Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART)** is a four-year, $120M program funded by an industry assessment of select providers and insurers and administered by the Health Policy Commission that makes phased investments to promote efficient, effective care delivery in non-profit, non-teaching, lower cost community hospitals.

Hospital	DSTI	ICB (FY14)*	CHART (Phase I)	CHART (Phase II)**
Anna Jaques Hospital		$1,080,000	$333,500	$1,200,000
Athol Hospital		$302,000	$484,128	Joint award. See below.
Baystate Franklin Medical Center			$476,400	$1,800,000
Baystate Mary Lane Hospital			$499,600	
Baystate Medical Center		$201,997	*Ineligible*	*Ineligible*
Baystate Wing Hospital			$357,000	$1,000,000
Berkshire Medical Center		$620,000	*Ineligible*	$3,000,000
Beth Israel Deaconess Hospital – Milton			$261,200	$2,000,000
Beth Israel Deaconess Hospital – Needham			$300,000	
Beth Israel Deaconess Hospital – Plymouth		$298,264	$245,818	$3,700,000
Beth Israel Deaconess Medical Center		$809,302	*Ineligible*	*Ineligible*
Boston Children's Hospital			*Ineligible*	*Ineligible*
Boston Medical Center	$310,700,000		*Ineligible*	*Ineligible*
Brigham and Women's Hospital			*Ineligible*	*Ineligible*
Cambridge Health Alliance	$134,600,000		*Ineligible*	*Ineligible*
Cape Cod Hospital			*Ineligible*	*Ineligible*
Clinton Hospital			*Ineligible*	*Ineligible*
Cooley Dickinson Hospital		$109,950	*Ineligible*	*Ineligible*
Dana-Farber Cancer Institute			*Ineligible*	*Ineligible*
Emerson Hospital		$196,124	$202,575	$1,200,000
Fairview Hospital		$584,402	*Ineligible*	*Ineligible*
Falmouth Hospital			*Ineligible*	*Ineligible*
Brigham and Women's Faulkner Hospital			*Ineligible*	*Ineligible*
Hallmark Health			$749,360	$2,500,000
Harrington Memorial Hospital		$442,303	$491,600	$3,500,000
HealthAlliance Hospital			$410,000	$3,800,000
Heywood Hospital		$543,647	$316,384	Joint award. See below.
Holyoke Medical Center	$24,500,000		$500,000	$3,900,000
Kindred Hospital – Boston			*Ineligible*	*Ineligible*
Kindred Hospital – Boston North Shore			*Ineligible*	*Ineligible*
Lahey Hospital & Medical Center			*Ineligible*	*Ineligible*
Lawrence General Hospital	$43,300,000		$100,000	$1,482,654
Lowell General Hospital			$497,900	$1,000,000

Marlborough Hospital		$352,157		$1,200,000
Martha's Vineyard Hospital			*Ineligible*	*Ineligible*
Massachusetts Eye and Ear Infirmary			*Ineligible*	*Ineligible*
Massachusetts General Hospital			*Ineligible*	*Ineligible*
Mercy Medical Center	$45,600,000		$233,134	$1,300,000
MetroWest Medical Center			*Ineligible*	*Ineligible*
Milford Regional Medical Center		$403,753	$499,810	$1,300,000
Mount Auburn Hospital			*Ineligible*	*Ineligible*
Nantucket Cottage Hospital			*Ineligible*	*Ineligible*
New England Baptist Hospital				
Newton-Wellesley Hospital			*Ineligible*	*Ineligible*
Noble Hospital		$279,669	$344,665	$1,200,000
North Adams Regional Hospital			$395,311	*Ineligible*
North Shore Medical Center			*Ineligible*	*Ineligible*
Northeast Hospital		$620,000	$359,000	$3,769,057
Saint Vincent Hospital			*Ineligible*	
Shriners Hospital for Children – Boston				
Shriners Hospital for Children – Springfield			*Ineligible*	*Ineligible*
Signature Healthcare Brockton Hospital	$50,100,000		$438,400	$3,500,000
South Shore Hospital			*Ineligible*	*Ineligible*
Southcoast Hospitals Group			$1,183,357	Joint award. See below.
Steward Carney Hospital	$19,200,000		*Ineligible*	*Ineligible*
Steward Holy Family Hospital		$343,467	*Ineligible*	*Ineligible*
Steward Good Samaritan Medical Center		$316,890	*Ineligible*	*Ineligible*
Merrimack Valley Hospital		$312,841	*Ineligible*	*Ineligible*
Morton Hospital		$357,666	*Ineligible*	*Ineligible*
Nashoba Valley Medical Center		$318,240	*Ineligible*	*Ineligible*
Steward Norwood Hospital		$318,358	*Ineligible*	*Ineligible*
Quincy Medical Center		$318,240	*Ineligible*	*Ineligible*
Steward Saint Anne's Hospital		$207,795	*Ineligible*	*Ineligible*
Steward St. Elizabeth's Medical Center		$117,030	*Ineligible*	*Ineligible*
Sturdy Memorial Hospital		$86,400	*Ineligible*	*Ineligible*
Tufts Medical Center		$1,227,708	*Ineligible*	*Ineligible*
UMass Memorial Medical Center		$3,025,357	*Ineligible*	*Ineligible*
Winchester Hospital			$286,500	$1,000,000
TOTAL	$628,000,000	$13,793,560	$9,965,642	$43,351,711

*Franciscan Hospital for Children, a non-acute specialty hospital, received $429,995 in ICB funding for FY14
**CHART Phase II Joint Proposals were awarded to:
Athol Memorial Hospital, Heywood Hospital, and HealthAlliance Hospital: $2,900,000
Addison Gilbert Hospital, Beverly Hospital, Winchester Hospital, and Lowell General Hospital: $4,800,000
Southcoast Hospitals Group - Charlton Memorial Hospital, Tobey Hospital, and St. Luke's Hospital: $8,000,000
Hallmark Health - Melrose-Wakefield Hospital and Lawrence Memorial Hospital: $2,500,000
Baystate Franklin Medical Center, Baystate Mary Lane Hospital and Baystate Wing Hospital: $900,000

Technical Appendix:
Exhibit D. Acute Hospital Inpatient Cost per CMAD Calculation

Adjusted Cost per CMAD					
	Schedule, Line, Column				
IP Routine Costs	2,100,10				$ -
GME Costs					
Post Grad Med Education	9,35,12	$ -			
Post Grad Med Education	25,35,3	$ -		Less Physician Costs included above in Col 3 so they are not double counted;	
Total Post Grad Med Education		$ -			
Med Staff - Teaching	9,32,12	$ -			
Med Staff - Teaching	25,32,3	$ -		Less Physician Costs included above in Col 3 so they are not double counted;	
Total Med Staff - Teaching		$ -			
Med Staff - Admin	9,33,12	$ -			
Med Staff - Admin	25,33,3	$ -		Less Physician Costs included above in Col 3 so they are not double counted;	
Med Staff - Admin		$ -			
Total Med Staff (B+C)		$ -			
Determination of Total GME O/H attributed to I/P					
Stats - Post Grad - hours of service		Stat	%	Allocation of GME O/H	
Total Ancillary	13,56,18	-	0.0000	$ -	
IP Routine	13,78,18	-	0.0000	$ -	$ -
Total Patient and Non-Patient	L3,100,18	-		$ -	
Allocation of GME Allocated to Total Ancillary Reallocated to I/P Ancillary					
Stats - IP and OP costs		Stat	%	Allocation of GME Ancillary	
IP Ancillary Costs	17,22,4	$ -	0.0000	$ -	$ -
Total Patient and Non-Patient	17,42,4	$ -			
Determination of Total Med Staff O/H attributed to I/P					
Stats - Med Staff - hours of service		Stat	%	Allocation of GME O/H	
Total Ancillary	13,56,17	-	0.0000	$ -	
IP Routine	13,78,17	-	0.0000	$ -	$ -
Total Patient and Non-Patient	L3,100,17	-		$ -	
Allocation of Med Staff Allocated to Total Ancillary Reallocated to I/P Ancillary					
Stats - IP and OP Costs		Stat	%	Allocation of GME Ancillary	
IP Ancillary Costs	17,22,4	$ -	0.0000	$ -	$ -
Total Patient and Non-Patient	17,42,4	$ -			
Physician Professional Fees O/H	25,43,3	-			
Stats - Costs		Stat	%	Allocation of Physician O/H to IP	
IP Ancillary	17,22,4	-	0.0000	$ -	$ -
IP Routine	17,22,3	-	0.0000	$ -	$ -
Total Patient and Non-Patient	17,42,2	-		$ -	
Physician Professional Fees Ancillary	25,78,3	$ -			
Stats - Costs		Stat	%	ocation of Physician Ancillary to IP	
IP costs	17,22,4	$ -	0.0000	$ -	$ -
Total Patient and Non-Patient	17,42,4	$ -			
Physician Direct IP costs	25,100,3	$ -			$ -
less Non-Comparable Cost Adjustment					$ -
Total Comparable Costs					$ -
Divided by CMADS					
Comparable IP Costs per CMAD					

Technical Appendix:
Exhibit E. Non-Acute Hospital Inpatient Cost per Day

Inpatient Cost per Day						
	Schedule, Line, Column					
IP Routine Costs	2,100,10					$ -
GME Costs						
Post Grad Med Education	9,35,12	$ -				
Post Grad Med Education	25,35,3	$ -	Less Physician Costs included above in Col 3 so they are not double counted;			
Total Post Grad Med Education		$ -				
Med Staff - Teaching	9,32,12	$ -				
Med Staff - Teaching	25,32,3	$ -	Less Physician Costs included above in Col 3 so they are not double counted;			
Total Med Staff - Teaching		$ -				
Med Staff - Admin	9,33,12	$ -				
Med Staff - Admin	25,33,3	$ -	Less Physician Costs included above in Col 3 so they are not double counted;			
Med Staff - Admin		$ -				
Total Med Staff (B+C)		$ -				
Determination of Total GME O/H attributed to I/P						
Stats - Post Grad - hours of service		Stat	%	Allocation of GME O/H		
Total Ancillary	13,56,18	-	0.0000	$ -		
IP Routine	13,78,18	-	0.0000	$ -		$ -
Total Patient and Non-Patient	13,100,18	-		$ -		
Allocation of GME Allocated to Total Ancillary Reallocated to I/P Ancillary						
Stats - IP and OP costs		Stat	%	Allocation of GME Ancillary		
IP Ancillary Costs	17,22,4	$ -	0.0000	$ -		$ -
Total Patient and Non-Patient	17,42,4	$ -				
Determination of Total Med Staff O/H attributed to I/P						
Stats - Med Staff - hours of service		Stat	%	Allocation of GME O/H		
Total Ancillary	13,56,17	-	0.0000	$ -		
IP Routine	13,78,17	-	0.0000	$ -		$ -
Total Patient and Non-Patient	13,100,17	-		$ -		
Allocation of Med Staff Allocated to Total Ancillary Reallocated to I/P Ancillary						
Stats - IP and OP Costs		Stat	%	Allocation of GME Ancillary		
IP Ancillary Costs	17,22,4	$ -	0.0000	$ -		$ -
Total Patient and Non-Patient	17,42,4	$ -				
Physician Professional Fees O/H	25,43,3	-				
Stats - Costs		Stat	%	Allocation of Physician O/H to IP		
IP Ancillary	17,22,4	-	0.0000	$ -		$ -
IP Routine	17,22,3	-	0.0000	$ -		$ -
Total Patient and Non-Patient	17,42,2	-		$ -		
Physician Professional Fees Ancillary	25,78,3	$ -				
Stats - Costs		Stat	%	Allocation of Physician Ancillary to IP		
IP costs	17,22,4	$ -	0.0000	$ -		$ -
Total Patient and Non-Patient	17,42,4	$ -				
Physician Direct IP costs	25,100,3	$ -				$ -
less Non-Comparable Cost Adjustment						$ -
Total Comparable Costs						$ -
Divided by Days						$ -
Comparable IP Costs per Day						

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